Prevention Newcomer's Guide

OFFICE OF PREVENTION SERVICES

Revised 2021

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Introduction

NEWCOMER'S GUIDE INTRODUCTION

The Alabama Prevention Newcomer's Guide (APNG) was developed at the request of numerous Alabama prevention professionals searching for a single resource that could serve many functions. As such, this publication includes a range of information useful to prevention professionals on all levels.

For those new to the prevention field - both agencies and individuals - the Guide is made to serve as an orientation tool. You will find invaluable information on agency and individual certification standards, available resources to aid you in your prevention efforts, a wealth of online references to help you gain an understanding of prevention on the state, regional and national levels, and publications to introduce you to the basics of prevention in theory and practice.

For experienced prevention professionals and established prevention agencies, the Guide will serve as a useful reference manual. Contact information for other Alabama prevention providers, 310 Board catchment areas, and important contacts at the state level are all included to keep you in touch with your counterparts from Huntsville to Mobile and all points in between.

Because the APNG is designed to help you, we encourage comments and suggestions for ways to make the Guide more beneficial.

This document was developed by the Alabama Department of Mental Health (ADMH), Division of Mental Health and Substance Abuse Services, Office of Prevention staff (Erin Burleson, Prevention Consultant under the review of Brandon Folks, Program Manager and Beverly Johnson, Prevention Director)

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Alabama Department of Mental Health

I. Central Office Organization

The Alabama Department of Mental Health (ADMH) is the state agency responsible for serving Alabama citizens with mental health, intellectual disabilities, and substance use disorders. The department was formally established by ACT 881 in 1965. [1]

The Alabama Department of Mental Health serves more than 200,000 Alabama citizens with mental illnesses, developmental disabilities, and substance use disorders. Our mission is to Serve, Empower, and Support the vision of promoting the health and well-being of Alabamians with mental illnesses, developmental disabilities and substance abuse disorders. ADMH believes that the core values of honesty, respect, selflessness, communication, dedication, integrity, and collaboration are the basis on which the members of ADMH staff make decisions, plan strategy, and interact with each other and those we serve.

The Alabama Department of Mental Health is comprised of three divisions including the Division of Administration, Division of Developmental Disabilities, and the Division of Mental Health and Substance Abuse.

i. The **Division of Administration** provides vital support services for the department's facilities and central office staff. The Division of Administration includes the following:

The Bureau of Finance includes the following sections: Accounts Payable, Accounting Operations, Contracts & Purchasing, Contracts & Grants, Budgets, and Compensation Services. Finance coordinates and provides centralized accounting, financial reporting, budgeting, purchasing, vendor payments, and contract and grant financial management.

The Bureau of Human Resources Management provides centralized personnel services, including coordinating the implementation of the recruitment plan, personnel policies and procedures, wage and class studies and much more. HR assesses personnel needs and actively recruits the most qualified and professional workforce available in order to provide quality care to consumers. To encourage staff development, HR coordinates, offers and supports a wide range of continuing education and organized training programs including compliance training for community programs and prospective community providers.

ADMH is an Equal Opportunity Employer. Applications will be accepted and appointments made on an equal opportunity basis without regard to gender, race, age, religion, disability, or color.

The Bureau of Information Technology Services provides technical support for ADMH information systems, including consumer information systems for the state hospitals and community programs for mental health, substance abuse and intellectual disabilities. It also manages all IT equipment including mobile devices, computers and printers; computer software; voice communication systems and video surveillance. Its

[1] *Alabama Administrative Code* Establishment of ADMH; accessed online August 23, 2010.

focus is to ensure access to timely data that can be used in decision-making, and bringing the best and most cost-effective technological solutions to all areas of ADMH.

The Office of Administrative Support Services coordinates departmental printing, mail, property inventory and distribution of office supplies. It includes the Document Services Center, Printing, Mailroom and Property Management.

The Office of Certification Administration is responsible for certification of all community facilities providing services to ADMH consumers in Alabama.

The Office of Land & Asset Management supervises the department's diverse range of real estate holdings across the state, attempts to maximize use of these resources and oversees renovations/construction at its facilities.

The Office of Life Safety & Technical Services is responsible for inspecting and certifying all community facilities and providing technical assistance for code compliance for all renovations or new construction projects for facilities that are already certified or will be seeking certification from the department.

The Nurse Delegation Program (NDP) was created to ensure that community providers receive the training and support necessary to meet any standards set by the ADMH Divisional Offices of Certification that relate to nurse delegation.

The Office of Pre-Admission Screening is responsible for maintaining a system to regulate the screening of prospective nursing home residents. It also ensures the appropriate placement of individuals who have serious mental illnesses and/or intellectual disabilities.

The Office of Policy & Planning coordinates the department's strategic planning process and directs other initiatives on behalf of the department to include the review of Central Office policies. It partners with organizations and stakeholders to leverage resources through the pursuit of grants, and the office develops and distributes public education and anti-stigma resources and information.

ii. **Developmental Disabilities** (DD) provides a comprehensive array of services and supports to individuals with intellectual disabilities and their families in the state through contractual arrangements with community agencies, five regional community services offices, and three comprehensive support service teams that assist with behavioral, medical, psychiatric and dental services and supports. The DD Central Office Staff provides oversight and support in planning, service coordination, service delivery, fiscal operations, contracts, eligibility, monitoring/quality enhancement of services, and the monitoring and certification of all community agencies that provide services to individuals with intellectual disabilities. A DD Coordinating Subcommittee, comprised of consumers, families, service providers, and other leaders in the field, assists the division in setting and prioritizing service goals based upon needs of individuals and budgetary considerations.

By 2022, the Alabama Department of Mental Health, Division of Developmental Disabilities, along with Alabama Medicaid, is required to fully implement the Home and Community-Based Settings Rule. The final Home and Community-Based Services regulations set forth new requirements under which states may provide home and community-based long-term services and supports. To learn more, please visit the HCBS page.

*The **Division of Developmental Disabilities** is comprised of the following offices:*

The Office of Administrative & Fiscal Operations is responsible for providing fiscal and technical assistance to the division in matters such as budgeting, revenue projections, contracts and purchasing. Because of the complex regulations and need for accountability, the assistance provided by AFO is invaluable to individuals, family members, and the department.

The Office of Psychological & Behavioral Services was established to provide education, training, and professional support to community providers. Three regionally-based comprehensive support services teams provide medical and psychological care for individuals with special needs. PBS coordinates the implementation, training, and monitoring of behavioral and psychological services in the community agencies.

The Office of Quality & Planning is responsible for ensuring that optimally safe, efficient, and effective care is provided by community agencies. Certification teams require that program standards are maintained. Quality Enhancement specialists provide training and technical assistance to community provider organizations.

The Office of Self-Advocacy Services is directed by a peer who is able to provide leadership and support in self-advocacy and self-determination initiatives statewide. The office also encourages individuals to participate in civic activities and become contributing citizens in their communities.

The Office of Supported Employment plans and coordinates all initiatives that address expanding employment opportunities to consumers served through the division, including training and technical assistance. The office also writes and manages grants that fund employment pilot projects throughout the state, and takes the lead in expanding collaboration with other state agencies and organizations so individuals are more successful at obtaining and maintaining competitive employment.

The Office of System Transition & Waiver Development is responsible for managing the Community Waiver Program. The program provides services to Alabamians with intellectual disabilities and their families who are not in crisis but want and need services to avoid crisis. The Program supports people to assist them in reaching their full potential. This includes supporting them to learn to do things for themselves, participate in their community, find opportunities to work doing a job that matches their skills and interests, and ensure supports to sustain their current living arrangement whenever possible.

The Office of Systems Management was established to oversee and promote the development and use of the Alabama Division of Intellectual Disabilities Services

Information System within the division and community providers. ADIDIS provides more efficient tracking of billing, ensures compliance with contracts and standards, and provides valuable data for future planning. ADIDIS also provides technical assistance to support division action on a wide range of topics including the waiting list, outcomes measurement, and supportive employment for consumers. In addition, ADIDIS manages the coordination of child and adolescent services. This office is also responsible for the renewal of the ID and LAH waivers and any needed amendments.

The Office of Support Coordination (formerly referred to as case management) provides leadership and focus in the implementation of a statewide service coordination system for the Division of Developmental Disabilities. Activities of this office provide guidance to 310 Boards located throughout the state to ensure initial and ongoing coordination of appropriate and integrated waiver services based upon each individual's level of care and assessed needs. This office also manages the DMH Call Center, the point of contact for initial screening and referral to determine eligibility for placement on the waiting list for waiver-funded supports and services.

iii. The **Division of Mental Health and Substance Abuse Services** promotes the development of a comprehensive, coordinated system of community-based services for consumers diagnosed with serious mental illness and/or substance use disorders. The division partners with community providers to deliver a comprehensive array of evidence-based prevention, treatment and recovery-based peer support services throughout the state. Responsibilities encompass contracting for services, monitoring service contracts, as well as evaluating and certifying service programs according to regulations established in the Alabama Administrative Code. In addition, the division manages ADMH's three mental health facilities: Bryce Hospital, Mary Starke Harper Geriatric Psychiatry Center, and Taylor Hardin Secure Medical Facility.

*The **Division of Mental Health and Substance Abuse Services** is comprised of the following offices:*

The Office of Certification conducts reviews of mental health and substance abuse community providers to secure compliance with the Program Operations Administrative Code. In addition to conducting onsite reviews, the staff provides technical assistance to providers to enhance compliance with the Administrative Code.

The Office of Deaf Services is responsible for developing and implementing programs that meet the linguistic and cultural needs of consumers who are deaf or hard of hearing. Deaf Services work to ensure that communication barriers are eliminated. Services are designed to be affirmative, supportive and culturally competent.

The Office of Mental Illness Community Programs serves as the primary liaison between the department and community mental health providers. This office manages all aspects of mental health treatment by interacting with community providers. Coordination of mental health services includes ensuring quality programs exist for our priority populations of adults with Serious Mental Illness (SMI) and children/adolescents with Serious Emotional Disturbance (SED). This office ensures quality standards are met, the flow of funds and services are efficient, and requirements attached to federal funds are in place.

The Office of Peer Programs is managed by a consumer and provides information, technical support, and assistance to consumers and consumer organizations throughout the state. This office ensures that consumers have a voice in the ADMH planning process, management and service delivery system. Each year more than 800 consumers attend the Alabama Recovery Conference to learn about timely issues, consumer empowerment and self-advocacy.

The Office of Pharmacy provides administrative support and coordination for ADMH's overall pharmaceutical operations including monitoring of expenditures, formulary · maintenance and coordinating with community and facility pharmacists. This office also works directly with consumers, families and consumer groups to resolve pharmacy related problems and medication accessibility issues.

The Office of Prevention Services manages all aspects of substance use disorder prevention including services for people of all ages, the Strategic Prevention Framework, the Alabama Epidemiological Outcomes Workgroup, Synar (Tobacco Sales to Minors Program), state incentive grant, regional information clearinghouses and coalition development/support.

The Office of Quality Improvement & Risk Management collects input related to patient care and outcomes from stakeholders, and coordinates activities for performance improvement efforts across the facilities and certified community programs. QIRM measures indicators related to standards of care and consumer satisfaction in facilities and community programs to identify trends, problems or opportunities for improvement.

The Office of Substance Abuse Treatment Services manages all aspects of substance use disorder treatment by interacting with community providers. Coordination of services includes ensuring quality programs exist for distinct populations such as adolescents, adults, and persons with co-occurring disorders (mental illnesses and substance use disorders). This office also manages opioid treatment programs and prescribed Medicaid services.[2]

[2] www.mh.alabama.gov

ADMH Initiatives

I. Crisis Care – The Next Step in the Behavioral Health Continuum

No individual is immune from the impact of untreated behavioral health needs. Each year, there are thousands of preventable tragedies that may be addressed with proper mental health resources and access to care. In our communities, jails and hospitals are often the first entry point for an individual in need.

Currently, without a coordinated crisis system of care in Alabama, individuals in a mental health or substance use disorder crisis often have encounters with police officers, first responders, hospital emergency room staff, or end up in correctional facilities, without getting the proper treatment and diagnosis needed.

The Alabama Crisis System of Care:

- Expands access to crisis services
- Maximizes opportunities for the behavioral health workforce
- Reduces the number of hospitalizations and arrests
- Decreases frequency of admissions to hospitals
- Assists individuals in crisis to achieve stability
- Promotes sustained recovery
- Provides connections and referrals to community agencies and organizations, psychiatric and medical services, prevention, and intervention services

ADMH received $18 million for Fiscal Year 2021, to establish and stand up the first pilot Crisis Diversion Centers in the state. These centers will be a designated place for communities, law enforcement, first responders, and hospitals to take an individual that is in mental health or substance abuse crisis. At the center, the individual could receive stabilization, evaluation, and psychiatric services.

The providers and locations of the first three crisis centers are AltaPointe Health in Mobile, the Montgomery Area Mental Health Authority, and WellStone Behavioral Health in Huntsville. Staged implementation of the centers will begin by May 2021.

ADMH thanks Governor Ivey and legislative investment, which helps to expand and transform the Alabama crisis system of care, dramatically lower healthcare costs, reinvest state dollars, achieve better health outcomes, and improve life for those with acute mental health needs.

Stepping Up Alabama is an integral part of the Alabama crisis system of care. Stepping Up is a national initiative designed to reduce the number of people who have mental illnesses in jails and hospital emergency departments. To learn more about Stepping Up Alabama, its components, and progress, please visit Stepping Up Alabama.

II. Rural Crisis Care

The goals for rural crisis programs are aligned with the overarching goals of crisis care, which are to reduce the burden on EDs/Hospitals, reduce burden on Law Enforcement/Jails, and improve access for the *"right care, right time, right place."*

In Fiscal Year 2021, five community mental health centers across the state received funding to increase their crisis care services:

- Cahaba Center for Mental Health
- Northwest Alabama Mental Health Center
- Southwest Alabama Behavioral Health Care Systems
- WellStone Behavioral Health (Cullman)
- West Alabama Mental Health Center

Each center has chosen to build a mobile crisis unit into their services. The community mental health centers may also include in their crisis services: a co-response with law enforcement and emergency medical personnel, crisis peer support, crisis case management, regional call centers, and respite options.

III. School-Based Mental Health

The Alabama Department of Mental Health has expanded the School Based Mental Health Services Program since its inception in 2010. The goal of the School-Based Mental Health Services (SBMH) collaboration between Alabama Department of Mental Health and its providers and the Alabama State Department of Education and Alabama's local education agencies is to ensure that children and adolescents, both general and special education, enrolled in local school systems have access to high quality mental health prevention, early intervention and treatment services. The aim is to achieve greater integration of mental health services between the mental health centers and the public schools and to increase the utilization of evidence-based practices. The integration of these services will foster continuity of care and ensure sustained gains in academic and developmental domains for children, youth, and their families.

Fifteen mental health centers will receive additional funds for the expansion of SBMH services with the $750,000 in FY 21. We currently have 71 school systems and all 19 community mental health centers participating in the School-Based Mental Health Collaboration Program.

IV. First Episode of Psychosis

Alabama's First Episode of Psychosis (FEP) program addresses youth and young adults experiencing symptoms of early psychosis. The program, operated by JBS Mental Health Authority is located in Birmingham and is aptly named NOVA. This program utilizes well-researched, and evidenced based practices to help youth and young adults recover, stay on track in school, locate and maintain employment, and strengthen their relationships with family and support networks. The targeted parameters for the NOVA program are individuals aged 15-25 years experiencing their first episode of psychosis, those residing within the service area (Birmingham City, Vestavia Hills, Mountain Brook, Homewood, and Hoover) and a willingness to participate in the program for a period of two years. The FEP program provides a coordinated

array of recovery-oriented services and supports to the individual and their family. Services include family support through Multi-Family Groups, Youth and Family Peer Supports, Supported Employment and Education (using the Individual Placement and Support (IPS) model), Case Management, Cognitive Behavioral Therapy, and Low Dose Anti-Psychotic medications, as needed. The coordinated care approach emphasizes shared decision-making and working with individuals to reach their recovery goals. The NOVA program collaborates with other state agencies to include the Alabama Department of Rehabilitation Services, as well as the state IPS programs as a means of meeting the clients overall Vocational and Educational needs.

Alabama Prevention Infrastructure

At the state level, prevention services are managed through the ADMH. The ADMH was established by Alabama Acts 1965, No. 881, Section 22-50-2. Act 881 defines "mental health services" as the diagnosis of, treatment of, rehabilitation for, follow-up care of, prevention of and research into the causes of all forms of mental or emotional illness, including but not limited to, alcoholism, drug addiction, or epilepsy in combination with mental health or intellectual disability. Among its designated powers, ADMH is authorized to plan, supervise, coordinate, and establish standards for all operations and activities of the State of Alabama, including the provision of services, related to intellectual disability and mental health.

ADMH Office of Prevention utilizes two sub-committees to assist in prevention planning and development and they include the AEOW and SPAB. The AEOW, originally, the Alabama State Epidemiological Workgroup (SEW), was established on April 11, 2006 by authorization of the Alabama Commission for the Prevention and Treatment of Substance Abuse (ACPTSA) and ADMH's Division of Mental Health and Substance Abuse Services' (DMHSAS) Associate Commissioner. Since the AEOW establishment in 2006, the AEOW has focused efforts on a systematic assessment of statewide need in order to assure wise use of limited resources. In addition to monitoring alcohol, tobacco, and other drug consumption and consequence patterns in Alabama, the AEOW has made it a goal to build epidemiological capacity among state and local prevention professionals to ensure use of accurate data in planning, programming, and prioritization. Also, the AEOW which is also designated as Epidemiological Workgroup provides information and data about substance use to the SPAB.

The SPAB functions as an advisory board for prevention services in general, but it is also designated as the official Advisory Board. The SPAB has representation from all of the state agencies that play a role in substance use prevention. School and community-based organizations are represented on the SPAB as well. Bringing these key stakeholders together in an advisory role has already helped to increase communication and collaboration between prevention agencies, and it is anticipated that it will continue to serve this function. The SPAB plays a large role in developing the state's prevention infrastructure and is the approving board of state's prevention operations.

In addition, the SPAB also collaborates with the Evidenced-Based Practice Workgroup (EBP) on selecting evidenced-based interventions. The EBP Workgroup has representatives from all four mental health regions and meet quarterly throughout the year. The role of the EBP Workgroup is to: a) advise the SPAB on the use of evidence-based practices, b) explore various evidence-based resources, c) guide the formal process of selecting/approving evidence-based curricula, and d) identify potential research opportunities and make recommendations to the SPAB. The EBP Workgroup will be actively involved in T/TA related to evidence-based practices, program, and

policies; as well as sustainability and cultural competence. Further evidenced-based interventions that are available for implementation can be located at the Evidence-Based Practices Resource Center.[3]

Alabama's prevention providers work with partner agencies within the catchment areas to provide evidenced-based prevention services for children, adolescents, and adults. Many of the providers work with their school districts to implement evidence-based prevention curriculum programs in the schools for elementary, middle, and high school students. Prevention providers are encouraged to consider the cultural needs of the population when selecting the program that they plan to implement. Prevention providers are required to submit biannual prevention plans addressing the agency's prevention philosophy and outline all prevention services provided by the organization. The plan states the amount and type of prevention services provided to each county within the catchment area and is updated biannually, with specific off-year updates, and if any necessary plan amendments exist. The Prevention Plan Template also is embedded with the Strategic Prevention Framework process throughout.

To assist prevention providers in the application of prevention strategies, the "For the Prevention Provider" section on DMHSAS Office of Prevention webpage contains practices and standards for prevention. Resources developed to assist providers include documents on the maintenance of prevention records, reporting of prevention services and billing of prevention strategies.

[3] Evidence-Based Practices Resource Center | SAMHSA

Table 2.1 Prevention Providers

AGENCY	ADDRESS	PHONE
Addiction Prevention Coalition (APC)	324 Commons Dr. Birmingham, AL 35209	(205) 874-8498
Agency for Substance Abuse Prevention (ASAP)	1228 Edmar St. A Oxford, AL 36203	(256) 831-4436
Alcohol and Drug Abuse Treatment Centers (ADATC)	2701 Jefferson Avenue Southwest, Birmingham, AL 35211	(205) 923-6552
Aletheia House	2717 Ensley Ave. Birmingham, AL 35218	(205) 324-6502
Aliceville Housing Authority	851 Franconia Rd, Aliceville, AL 35442	(205) 373-8333
AltaPointe Health	5750-A Southland Drive Mobile, AL 36693	(251) 450-2211
CED Mental Health Center	425 5th Avenue Attalla, AL 35954	(256) 492-7800
Central Alabama Wellness	151 Hamilton Ln Calera, AL 35040	(205) 651-0077
Council on Substance Abuse-NCADD	828 Forest Avenue Montgomery, AL 36106	(334) 262-1629
Drug Education Council	3000 Television Avenue Mobile, AL 36606	(251) 478-7855
East Alabama Mental Health Center	2506 Lambert Drive Opelika, Alabama 36801	(334) 742-2700
Elmore County Partnership for Children	507 Alabama Street Wetumpka, AL 36092	(334) 478-7881
Franklin Primary Health Center, Inc	510 Wilson Ave. Prichard, AL 36610	(251) 432-4117
Mental Health of North Central Alabama	1316 Somerville Rd. SE #1 Decatur, AL 35601	(256) 355-6105
Mountain Lakes Behavioral Healthcare	22165 US Highway 431 N Guntersville, AL 35976	(256) 582-4240
Northwest Alabama Mental Health Center	1100 7th Avenue Jasper, AL 35501	(205) 302-9051
Parents Resource Institute for Drug Education (PRIDE)	1000 13th St. E Suite C Tuscaloosa, AL 35404	(205) 764-0351
Sylacauga Alliance for Family Enhancement (SAFE)	78 Betsy Ross Lane Sylacauga, AL 35150	(256) 245-4343
South Central Alabama Mental Health Center	205 Academy Drive Andalusia, AL 36420	(334) 428-5050
SpectraCare Health Systems, Inc.	3542 Montgomery Hwy Dothan, AL 36302	(800) 951-4357
Teens Empowerment Awareness with Resolutions, Inc. (TEARS)	1011 South Railroad St Phenix City, AL 36867	(334) 291-6363
Wellstone-Huntsville	4040 Memorial Parkway SW Huntsville, AL 35802	(256) 533-1970

Wellstone-Madison	1909 Commerce Ave. Cullman, AL 35055	(256) 255-1020
West Alabama Mental Health Center	1215 S Walnut Ave. Demopolis, AL 36732	(800) 239-2901

For the most up-to-date listing of Prevention Organizations/Agencies, please visit: www.mh.alabama.gov.

Table 2.2: 310 Catchment Areas

M - 1	Lauderdale, Colbert, Franklin	Northwest AL MHC
M - 2	Limestone, Lawrence, Morgan	MHC of North Central
M - 3	Madison	Wellstone – MHC Madison
M - 4	Fayette, Lamar, Marion, Walker, Winston	Northwest AL MHC
M - 5	Jefferson, Blount, St. Clair	Alcohol & Drug Abuse TxCenter
M - 6	DeKalb, Cherokee, Etowah	CED Mental Health Center
M – 7	Calhoun, Cleburne	Agency for Substance Abuse Prevention
M – 8	Bibb, Pickens, Tuscaloosa	PRIDE of Tuscaloosa
M – 9	Clay, Coosa, Randolph, Talladega	Aletheia House
M – 10	Choctaw, Greene, Hale, Marengo, Sumter	PRIDE of Tuscaloosa
M – 11	Chilton, Shelby	Alcohol & Drug Abuse TxCenter
M – 12	Chambers, Lee, Tallapoosa, Russell	East AL MHC
M – 13	Dallas, Perry, Wilcox	Council on Substance Abuse
M – 14	Autauga, Elmore, Lowndes, Montgomery	Council on Substance Abuse
M – 15	Bullock, Macon, Pike	Aletheia House
M – 16	Mobile, Washington	Drug Education Council
M – 17	Clarke, Conecuh, Escambia, Monroe	Drug Education Council
M – 18	Butler, Coffee, Covington, Crenshaw	South Central AlabamaMental Health Center
M – 19	Barbour, Dale, Geneva, Henry, Houston	SpectraCare Health Systems
M – 20	Jackson, Marshall	Mountain Lakes Behavioral Healthcare
M – 21	Baldwin	AltaPointe Health Systems
M - 22	Cullman	Wellstone – MHC Madison

INTRODUCTION TO PREVENTION

Different approaches to prevent substance use have been used in past decades. What can be described now as scare tactics were popular in the 1960s. Information dissemination and later, affective education followed in the 1970s. Early in the 1980s alternatives were initiated, followed by a growing emphasis on comprehensive prevention approaches.

Comprehensive approaches are now increasingly science-based and outcome-focused. More than 20 years of research has facilitated the science of substance use that can predict successful interventions. Various approaches that have been scientifically evaluated clearly indicate theoretical foundations. As a result, a knowledge-centered focus has expanded to include interventions based on theories of change that affect knowledge, attitudes and behavior. The knowledge gained through prevention research has led to the development of "best practices". Evidence-based initiatives are replacing programs that provide no evidence of scientifically proven effectiveness.

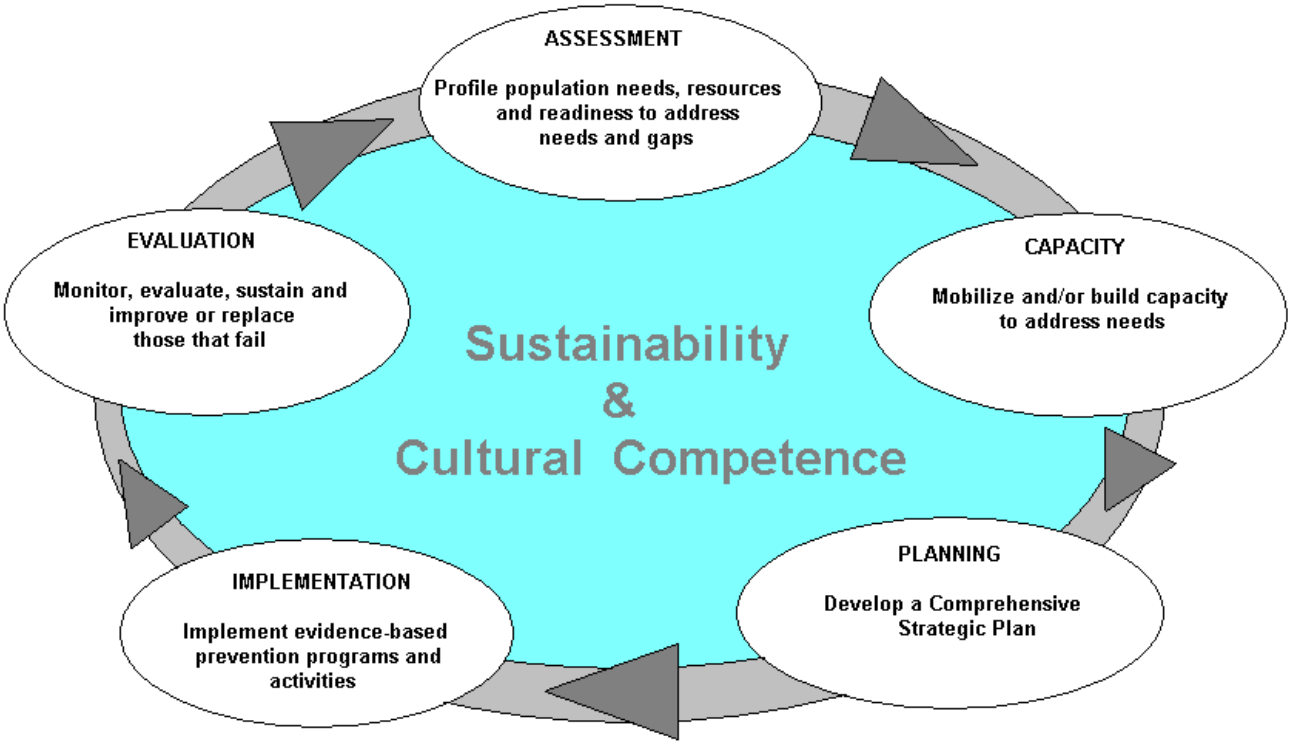
Theory and theoretical frameworks in substance use prevention have evolved over time based on applied empirical research. The Strategic Prevention Framework **(SPF**) is based on a community **risk and protective factors** approach to prevention that include guiding principles

that can prevent problem behaviors across the life span. Findings from **public health research** along with evidence-based programs build capacity in the prevention field. The Institute of Medicine Framework **(IOM)** identifies that prevention is one sector of the Continuum of Health Care. Prevention types in that sector are designated to three levels of prevention strategies when dealing with substance use and other behavioral disorders. The Center for Substance Abuse Prevention (CSAP) promotes that a **comprehensive, multi-strategic approach is necessary** to provide effective prevention services. **CSAP's Six Prevention Strategies** provide a way to deliver prevention services.

Table 3.1: TIMELINE OF ALCOHOL & DRUG ABUSE PREVENTION

Date	National Situation	Prevention Strategy
1950s	Drug use intensified. Heroin addiction alone hit an all-time high, particularly in urban areas.	Scare tactics through films and speakers
1960s	People began using drugs to have psychedelic experiences. Drug use was associated with the counter culture or racial/ethnic minorities. By the end of the decade drug use was considered a national epidemic.	Scare tactics through films and speakers; information about substance abuse through films and speakers
1970s	Alcohol and drug abuse were recognized as major public health problems. War on Drugs campaign was developed to reduce illegal drug trade. Throughout the decade, society grew more tolerant of drug use.	Drug education using curricula based on factual information; affective education using curricula based on communication, decision-making, values clarification, and self-esteem
1980s	"Just Say No" campaign, part of the War on Drug effort, encouraged youth to resist peer pressure by saying "no." Partnerships developed as the public became increasingly involved in addressing the problems of substance abuse.	Parent-formed organizations to combat drug abuse; social skills curricula; refusal skill training; and parenting education
1990s	Research examined the factors that protect people or put them at risk for a variety of problems, including alcohol and drug abuse. The value of professionalism and training in this area grew. Community collaborations received funding to address alcohol and drug problems.	Community-based approaches to prevention; environmental approaches; media campaigns; culturally sensitive programs; evaluation of prevention programs; professional training programs
2000 - 2010	Understanding of the connections between substance abuse and mental illness/health evolved. "Behavioral health" encompassed both substance use and mental health problems.	Application of evidence-based models; comprehensive programs targeting many contexts (family, school, community); data-driven decision-making through a strategic planning process
2010 - Present	Greater emphasis is placed on prevention and treatment for everyone. Behavioral health was integrated with primary care under the Affordable Care Act of 2010.	Use of evidence-based practices; strategic planning process; improved access to health insurance with better benefits for mental health and substance abuse services and support

Figure 3.2: SAMHSA's Strategic Prevention Framework



SAMHSA'S STRATEGIC PREVENTION FRAMEWORK

The Strategic Prevention Framework (SPF) uses a five-step process known to promote youth development, reduce risk-taking behaviors, build assets and resilience, and prevent problem behaviors across the life span. The SPF is built on a community-based risk and protective factors approach to prevention and a series of guiding principles that can be utilized at the federal, State/tribal and community levels.

The idea behind SPF is to use the findings from public health research along with evidence-based prevention programs to build capacity within States/Tribes/Territories and the prevention field. This in turn will promote resilience and decrease risk factors in individuals, families, and communities.

The Strategic Prevention Framework Steps require States, Territories, federally recognized Tribes and Tribal organizations, and communities to systematically:

- Assess their prevention needs based on epidemiological data,
- Build their prevention capacity,
- Develop a strategic plan,
- Implement effective community prevention programs, policies and practices, and
- Evaluate their efforts for outcomes.

Throughout all five steps, implementers of the SPF must address issues of sustainability and cultural competence.

STRATEGIC PREVENTION FRAMEWORK COMPONENTS

Assessment

The assessment phase helps define the problem or the issue that a project needs to tackle. This phase involves the collection of data to:

- Understand a population's needs
- Review the resources that are required and available
- Identify the readiness of the community to address prevention needs and service gaps.

To gather the necessary data, States and communities will create an epidemiological workgroup. The data gathered from this workgroup is vital because it will greatly influence a program's strategic plan and funding decisions.

Capacity

Capacity building involves mobilizing human, organizational, and financial resources to meet project goals. Training and education to promote readiness are also critical aspects of building capacity. SAMHSA provides extensive training and technical assistance (TA) to fill readiness gaps and facilitate the adoption of science-based prevention policies, programs, and practices.

Planning

Planning involves the creation of a comprehensive plan with goals, objectives, and strategies aimed at meeting the substance use prevention needs of the community. During this phase, organizations select logic models and evidence-based policies and programs. They also determine costs and resources needed for effective implementation.

Implementation

The implementation phase of the SPF process is focused on carrying out the various components of the prevention plan, as well as identifying and overcoming any potential barriers. During program implementation, organizations detail the evidence-based policies and practices that need to be undertaken, develop specific timelines, and decide on ongoing program evaluation needs.

Evaluation

Evaluation helps organizations recognize what they have done well and what areas need improvement. The process of evaluation involves measuring the impact of programs and practices to understand their effectiveness and any need for change. Evaluation efforts therefore greatly influence the future planning of a program. It can also impact sustainability, because evaluation can show sponsors that resources are being used wisely.

Throughout all five steps, implementers of the SPF must address issues of sustainability and cultural competence.

Sustainability

Sustainability refers to the process through which a prevention system becomes a norm and is integrated into ongoing operations. Sustainability is vital to ensuring that prevention values and processes are firmly established, that partnerships are strengthened, and that financial and other resources are secured over the long term.

Cultural Competence

Cultural competence is the process of communicating with audiences from diverse geographic, ethnic, racial, cultural, economic, social, and linguistic backgrounds. Becoming culturally competent is a dynamic process that requires cultural knowledge and skill development at all service levels, including policymaking, administration, and practice.

Table 3.3: SAMHSA's Strategic Prevention Framework At-a-Glance

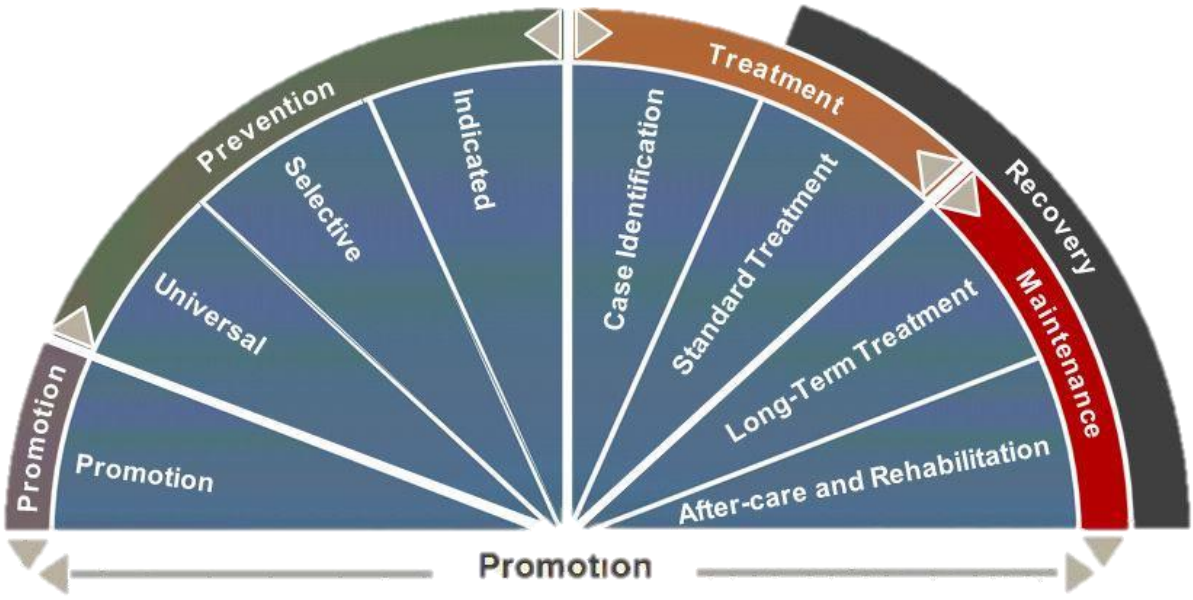
Step 1: Assessment	Step 2: Capacity	Step 3: Planning	Step 4: Implementation	Step 5: Evaluation
Profile population needs, resources, and readiness to address needs and gaps.	Mobilize and build capacity to address needs.	Develop a comprehensive strategic plan.	Implement evidence-based prevention programs, policies and practices	Monitor, evaluate, sustain, and improve or replace those that fail.
Conduct a needs assessment.	Create and maintain partnerships.	Select policies, programs, and practices to implement	Develop action plans for implementing policies, programs, and practices.	Collect and analyze evaluation data.
Assess your community's readiness for prevention.	Convene key stakeholders, coalitions, and service providers to plan and implement Steps 3 and 4.	Develop logic model and evaluation plan.	Implement policies, programs, and practices.	Write evaluation report.
Develop clear, concise and data-driven problem statements. Assess organizational, fiscal, and leadership capacity.	Plan and implement strategies to improve your community's readiness. Mobilize financial and organizational resources.	Create a comprehensive strategic plan, including strategic goals, objectives, and performance targets.	Implement strategic plan.	Recommend quality improvements based on evaluation data.
Assess resources and service gaps.				

INSTITUTE OF MEDICINE FRAMEWORK (IOM)

Prevention is one sector of the Continuum of Health Care. The following will define prevention types in that sector. (See figure 3.4).

The Institute of Medicine's *continuum of care* (also known as the *mental health intervention spectrum*) is a classification system that presents the scope of behavioral health services: promotion of health, prevention of illness/disorder, treatment, and maintenance/recovery.

Figure 3.4: Continuum of Health Care



Promotion involves interventions (e.g., programs, practices, or environmental strategies) that enable people "to increase control over, and to improve, their health."[i] As such, interventions that promote health occur independently as well as throughout the continuum of care as part of prevention, treatment, and maintenance/recovery.

The focus of promotion is on well-being, according to the National Research Council and Institute of Medicine, with the goal of enhancing people's ability to:

- "Achieve developmentally appropriate tasks"
- Acquire "a positive sense of self-esteem, mastery, well-being and social inclusion"
- "Strengthen their ability to cope with adversity"

The National Prevention Strategy concurs. Emotional well-being "allows people to realize their full potential, cope with the stresses of life, and make meaningful contributions to their community." Further, since childhood experiences can have a lasting impact on a person's life, promoting wellness in the early years can help "build a foundation for overall health."[ii]

Prevention focuses on interventions that occur prior to the onset of a disorder and which are intended to prevent the occurrence of the disorder or reduce risk for the disorder. Prevention is also about striving to optimize well-being.

The National Prevention Strategy states that "preventing drug abuse and excessive alcohol use improves quality of life, academic performance, workplace productivity, and military preparedness; reduces crime and criminal justice expenses, and motor vehicle crashes and fatalities; and lowers health care costs for acute and chronic conditions. Excessive alcohol use includes binge drinking, underage drinking, drinking while pregnant, and alcohol impaired driving. Drug abuse includes inappropriate use of pharmaceuticals and any use of illicit drugs."

Preventive interventions, according to the Institute of Medicine, can be designed to address three levels of risk: universal, selective, and indicated.

- Universal preventive interventions focus on the "general public or a population subgroup that have not been identified on the basis of risk."

Examples: community policies that promote access to early childhood education, implementation or enforcement of anti-bullying policies in schools, education for physicians on prescription drug misuse, and social skills education for youth in schools

- Selective preventive interventions focus on individuals or subgroups of the population "whose risk of developing behavioral health disorders is significantly higher than average."

Examples: prevention education for new immigrant families living in poverty with young children, and peer support groups for adults with a history of family mental illness and/or substance abuse

- Indicated preventive interventions focus on "high-risk individuals who are identified as having minimal but detectable signs or symptoms" that foreshadow behavioral health disorders, "but who do not meet diagnostic levels at the current time."

Examples: information and referral for young adults who violate campus or community policies on alcohol and drugs; and screening, consultation, and referral for families of older adults admitted to emergency rooms with potential alcohol-related injuries

Treatment interventions include case identification and standard forms of treatment (e.g., detoxification, outpatient treatment, in-patient treatment, medication-assisted treatment).

Maintenance includes interventions that focus on compliance with long-term treatment to reduce relapse and recurrence and aftercare, including rehabilitation and recovery support.
Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.[4]

[4] Substance Abuse Prevention Skills Training (SAPST)

CSAP's SIX PREVENTION STRATEGIES

One way to consider how prevention services are delivered is through CSAP's Six Prevention Strategies. A comprehensive, multi-strategic approach is necessary to provide effective prevention services.

Several strategies are used effectively, especially in <u>combination</u>:

<u>Information dissemination</u> This strategy provides awareness and knowledge of the nature and extent of substance use, abuse, and addiction and their effects on individuals, families, and communities. It also provides knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two. [Note: Information dissemination alone has not been shown to be effective at preventing substance use.]

Examples: Media Campaigns, Brochures, Speaking engagements, Health fairs.

<u>Education</u> This strategy involves two-way communication and is distinguished from the information dissemination strategy by the fact that interaction between the educator/ facilitator and the participants is the basis of its activities. Activities under this strategy aim to affect critical life and social skills, including decision-making, refusal skills, critical analysis (e.g., of media messages), and systematic judgment abilities.

Examples: Classroom/Group sessions, Parenting/family classes

<u>Alternatives</u> This strategy provides for the participation of target populations in activities that exclude substance use. The assumption is that constructive and healthy activities offset the attraction to--or otherwise meet the needs usually filled by--alcohol and drugs and would, therefore, minimize or obviate resort to the latter. [Note: Alternative activities alone have not been shown to be effective at preventing substance use.]

Examples: Drug-free social and recreational activities, Community service activities

<u>Problem identification and referral</u> This strategy aims at identification of those who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs in order to assess if their behavior can be reversed through education. It should be noted, however, that this strategy does not include any activity designed to determine if a person is in need of treatment.

Examples: DUI/DWI Education Classes, Student or employee assistance programs

<u>Community-based process</u> This strategy aims to enhance the ability of the community to more effectively provide prevention and treatment services for substance use disorders. Activities in this strategy include organizing, planning, enhancing efficiency and effectiveness of services implementation, interagency collaboration, coalition building, and networking.

Examples: Multi-agency coordination and collaboration, Systemic Planning

Environmental This strategy establishes, or changes written and unwritten community standards, codes, and attitudes, thereby influencing incidence and prevalence of substance use in the general population. This strategy is divided into two subcategories to permit distinction between activities that center on legal and regulatory initiatives and those that relate to the service and action-oriented initiatives.
Examples: Compliance checks, Ordinances, Restrictions on advertising

PREVENTION PRINCIPLES

Evidence-based practices-These are programs and activities that scientific study has shown to produce predictable outcomes under certain conditions. These programs should be used whenever possible, however, when innovative programs are needed, they should be informed by scientific research, theory, and evaluation.

Accountability-Programs will be responsible to and respectful of the community at large by building trust and forwarding the public mission. Programs will be community-based and involve community members at all phases of development, including providing information in a format accessible by general populations*.

Data-based planning and programming- Collecting data and using data to inform policies and programs is a form of accountability. It should drive planning, allocation of funds, and decision-making at all levels. The evaluation, collection and distribution of consistent data are a foundation of the public health practice.

Collaboration-Federal, state, and local stakeholders must work together to achieve shared outcomes. In addition, practices will encourage opportunities for all cultures, races, genders, and special needs individuals to participate in all phases of program development.

Capacity building and support-The state will provide an outlet for training, technical assistance, and other prevention resources according to the level available.

Equitable resource distribution-Funding and resources will be equitably distributed.
These principles should guide program development and help inform prevention strategies.

**Promoting diversity and engaging all cultures, races, socioeconomic classes, genders, and special needs individuals is essential in developing effective prevention efforts.*

PREVENTION PRINCIPLES FOR CHILDREN AND ADOLESCENTS

These principles can be applied to either existing programs or for designing innovative programs.

- Prevention programs should be designed to enhance protective factors and decrease or address risk factors.
- Prevention programs should target all forms of drug use, including the use of tobacco, alcohol, marijuana and inhalants.
- Prevention programs should include skills to resist drugs when offered, strengthen personal commitments against drug use and increase social competency (e.g., in communications, peer relationships, self-efficacy and assertiveness), in conjunction with reinforcement of attitudes against drug use.
- Prevention programs for adolescents should include interactive methods, such as peer discussion groups, rather than didactic teaching techniques alone.
- Prevention programs should include a parent or caregiver component that reinforces what the children are learning -- such as facts about drugs and their harmful effects -- and that opens opportunities for family discussions about use of legal and illegal substances and family policies about their use.
- Prevention programs should be long-term, over the school career with repeat interventions to reinforce the original prevention goals. For example, school-based efforts

directed at elementary and middle school students should include booster sessions to help with critical transitions from middle to high school.

- Family-focused prevention efforts have a greater impact than strategies that focus on parents only or children only.
- Community programs that include media campaigns and policy changes, such as new regulations that restrict access to alcohol, tobacco, or other drugs, are more effective when accompanied by school and family interventions.
- Community programs need to strengthen norms against drug use in all drug use prevention settings, including the family, the school, and the community.
- Schools offer opportunities to reach all populations and also serve as important settings for specific subpopulations at risk for drug use, such as children with behavior problems or learning disabilities and those who are potential dropouts. Prevention programming should be adapted to address the specific nature of the drug use problem in the local community.
- The higher the level of risk of the target population, the more intensive the prevention effort must be and the earlier it must begin.
- Prevention programs should be age-specific, developmentally appropriate, and culturally sensitive.
- Effective prevention programs are cost-effective. Every dollar spent on prevention, can save 4 to 5 dollars in costs for treatment and counseling.

RISK AND PROTECTIVE FACTORS

Assessing the risk and protective factors that contribute to substance use disorders helps practitioners select appropriate interventions.

Many factors influence a person's chance of developing a mental and/or substance use disorder. Effective prevention focuses on reducing those risk factors, and strengthening protective factors, that are most closely related to the problem being addressed. Applying the Strategic Prevention Framework (SPF) helps prevention professionals identify factors having the greatest impact on their target population.

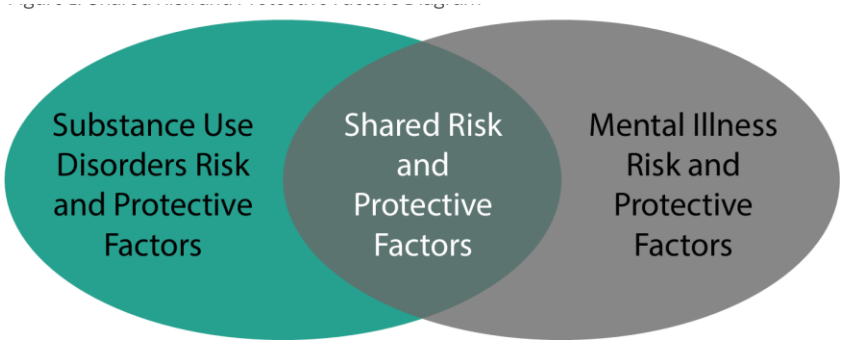
Risk factors are characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes.

Protective factors are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact. Protective factors may be seen as positive countering events.

Some risk and protective factors are fixed: they don't change over time. Other risk and protective factors are considered variable and can change over time. **Variable risk factors** include income level, peer group, adverse childhood experiences (ACEs), and employment status.

Individual-level risk factors may include a person's genetic predisposition to addiction or exposure to alcohol prenatally.

Individual-level protective factors might include positive self-image, self-control, or social competence.



Key Features of Risk and Protective Factors
Prevention professionals should consider these key features of risk and protective factors when designing and evaluating prevention interventions. Then, prioritize the risk and protective factors that most impact your community.

Risk and Protective Factors Exist in Multiple Contexts
All people have biological and psychological characteristics that make them vulnerable to, or resilient in the face of, potential behavioral health issues. Because people have relationships within their communities and larger society, each person's biological and psychological characteristics exist in multiple contexts. A variety of risk and protective factors operate within each of these contexts. These factors also influence one another.

Targeting only one context when addressing a person's risk or protective factors is unlikely to be successful, because people don't exist in isolation. For example:

- In relationships, risk factors include parents who use drugs and alcohol or who suffer from mental illness, child abuse and maltreatment, and inadequate supervision. In this context, parental involvement is an example of a protective factor.
- In communities, risk factors include neighborhood poverty and violence. Here, protective factors could include the availability of faith-based resources and after-school activities.
- In society, risk factors can include norms and laws favorable to substance use, as well as racism and a lack of economic opportunity. Protective factors in this context would include hate crime laws or policies limiting the availability of alcohol.

Risk and Protective Factors Are Correlated and Cumulative

Risk factors tend to be positively correlated with one another and negatively correlated to protective factors. In other words, people with some risk factors have a greater chance of experiencing even more risk factors, and they are less likely to have protective factors.

Risk and protective factors also tend to have a cumulative effect on the development—or reduced development—of behavioral health issues. Young people with multiple risk factors have a greater likelihood of developing a condition that impacts their physical or mental health; young people with multiple protective factors are at a reduced risk.

These correlations underscore the importance of:

- Early intervention
- Interventions that target multiple, not single, factors

Individual Factors Can Be Associated With Multiple Outcomes

Though preventive interventions are often designed to produce a single outcome, both risk and protective factors can be associated with multiple outcomes. For example, negative life events are associated with substance use as well as anxiety, depression, and other behavioral health issues. Prevention efforts targeting a set of risk or protective factors have the potential to produce positive effects in multiple areas.

Risk and Protective Factors Are Influential Over Time

Risk and protective factors can have influence throughout a person's entire lifespan. For example, risk factors such as poverty and family dysfunction can contribute to the development of mental and/or substance use disorders later in life. Risk and protective factors within one particular context—such as the family—may also influence or be influenced by factors in another context. Effective parenting has been shown to mediate the effects of multiple risk factors, including poverty, divorce, parental bereavement, and parental mental illness.

The more we understand how risk and protective factors interact, the better prepared we will be to develop appropriate interventions.

Universal, Selective, and Indicated Prevention Interventions
Not all people or populations are at the same risk of developing behavioral health problems. Prevention interventions are most effective when they are matched to their target population's level of risk. Prevention interventions fall into three broad categories:

• **Universal preventive interventions** take the broadest approach and are designed to reach entire groups or populations. Universal prevention interventions might target schools, whole communities, or workplaces.

• **Selective interventions** target biological, psychological, or social risk factors that are more prominent among high-risk groups than among the wider population. Examples include prevention education for immigrant families with young children or peer support groups for adults with a family history of substance use disorders.

• **Indicated preventive interventions** target individuals who show signs of being at risk for a substance use disorder. These types of interventions include referral to support services for young adults who violate drug policies or screening and consultation for families of older adults admitted to hospitals with potential alcohol-related injuries.

For more information, please visit SAMHSA at www.samhsa.gov and SAMHSA's Evidence Based Practices Resource Center www.samhsa.gov/ebp-resource-center [5]

[5] 20190718-samhsa-risk-protective-factors.pdf

SAMHSA'S STRATEGIC PLAN FY2019 – FY2023

SAMHSA (Substance Abuse and Mental Health Services Administration) is an operating division within the U.S. Department of Health and Human Services (HHS). The mission of SAMHSA is to reduce the impact of substance abuse and mental illness on America's communities. The United States has enacted health reform to improve how health care is delivered, paid for and monitored. Evidence of better outcomes for people with and at risk for mental and substance use disorders is based on "behavioral health" prevention, treatment, and recovery services. The intent is to build strong and supportive communities, prevent behavioral health problems and promote better health for all Americans. SAMHSA will work to:

- Improve understanding about mental and substance use disorders
- Promote emotional health and the prevention of substance abuse and mental illness
- Increase access to effective treatment
- Support recovery

SAMHSA has identified five priority areas to guide its work through FY2023:

1. **Combating the Opioid Crisis through the Expansion of Prevention, Treatment, and Recovery Support Services**– Reduce opioid misuse, use disorder, overdose, and related health consequences, through the implementation of high quality, evidence-based prevention, treatment, and recovery support services.

2. **Addressing Serious Mental Illness and Serious Emotional Disturbances**– Reduce the impact of serious mental illness (SMI) and serious emotional disturbance (SED) and improve treatment and recovery support services through implementation of the comprehensive set of recommendations put forward by the Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC).

3. **Advancing Prevention, Treatment, and Recovery Support Services for Substance Use** – Reduce the use of tobacco (encompassing the full range of tobacco products and reduce the misuse of alcohol, the use of illicit drugs, and the misuse of over-thecounter and prescription medications and their effects on the health and wellbeing of Americans.

4. **Improving Data Collection, Analysis, Dissemination, and Program and Policy Evaluation**– Expand and improve the data collection, analysis, evaluation, and dissemination of information related to mental and substance use disorders and receipt of services for these conditions to inform policy and programmatic efforts, to assess the effectiveness and quality of services, and to determine the impacts of policies, programs, and practices.

5. **Strengthening Health Practitioner Training and Education**– Improve the supply of trained and culturally competent professionals and paraprofessionals to address the nation's mental and substance use disorder healthcare needs across the lifespan.[6]

For more information on the SAMHSA Strategic Plan, please visit: www.samhsa.gov.

[6] SAMHSA Strategic Plan FY2019-FY2023 | SAMHSA

PREVENTION STANDARDS

The Prevention Standards are a published document that establishes specifications and procedures designed to ensure the reliability of prevention standards throughout the state. The standards address a range of issues, including commonly used prevention terms and agency and program protocols.

To view the prevention standards, visit:
http://www.alabamaadministrativecode.state.al.us/docs/mhlth/580-9-47.pdf

Section 5

ALABAMA ALCOHOL AND DRUG ABUSE ASSOCIATION (AADAA)

AADAA
Alabama Alcohol and Drug Abuse Association

The Alabama Alcohol & Drug Abuse Association is a non-profit organization dedicated to insure quality services for those we serve, the client. AADAA certifies Alcohol & Drug Counselors, Prevention Specialists, Criminal Justice Professionals and Clinical Supervisors. We are dedicated to insuring quality services through professional certification, education and advocacy both on a state and national level.[6]

Contact Information

Alabama Alcohol and Drug Abuse Association
717 Hwy 67 South
Suite 2
Decatur, AL 35603

Phone: 256-432-2781
Web: www.aadaa.us
E-mail: aadaa4u@gmail.com

[6] http://www.aadaa.us/

AADAA CODE OF ETHICS

ALABAMA ALCOHOL AND DRUG ABUSE ASSOCIATION CODE OF ETHICS
PREAMBLE

The Certification Board for Addiction Professionals of Alabama provides this Code of Ethics for each of its certified members. Certified Addiction Professionals believe in the dignity and worth of the individual. They are committed to increasing knowledge of human behavior, to the understanding of themselves and others, and to the relief of human suffering. While pursuing these endeavors they make every reasonable effort to protect the welfare of those who seek their services and to protect any subject who may be the object of study. They use their skills only for purposes consistent with these values and do not knowingly permit their misuses by others. While demanding for themselves freedom of inquiry and communication, addiction professionals accept the responsibility this freedom confers: competence; objectivity in the application of skills; and the concern for the best interests of clients, colleagues, and society in general. In the pursuit of these ideals, addiction professionals subscribe to the principles of Ethical Standards, which are presented in this document.

1. RESPONSIBILITY TO CLIENTS:

In their commitment to advancing the welfare of alcohol and drug dependent individuals and their families, addiction professionals value objectivity and integrity. They accept consequences of their work and make every effort to insure that their services are used appropriately. In providing services they maintain the highest standards.

ADDICTION PROFESSIONALS:

1.1 Do not discriminate against or refuse professional service to anyone on the basis of race, religion, natural origin, disability, gender, or sexual orientation.

1.2 Avoid exploiting the trust and dependency of their clients and make every effort to avoid dual relationships with clients that would impair professional judgment or increase the risk of exploitation. Examples of such dual relationships include, but are not limited to, business or sexual relationships with clients.

1.3 Do not use their professional relationship with clients to further their own interests.

1.4 Continue therapeutic relationships only so long as it is reasonably clear that clients are benefiting from the relationship. They assist persons in obtaining other therapeutic services if they are unable or unwilling, for appropriate reasons, to see a person who has requested professional help. They do not abandon or neglect clients in treatment without making reasonable arrangements for the continuation of such treatment.

2. **CONFIDENTIALITY:**

Addiction Professionals have a primary obligation to respect the confidentiality of client information. They reveal such information to others only with the written consent of the person or person's legal representative, except in those unusual circumstances in which not to do so would result in clear danger to the person or to others. Where appropriate, addiction professionals inform clients of the legal limits of confidentiality.

ADDICTION PROFESSIONALS:

2.1 Cannot disclose client confidences to anyone, except: (1) as mandated by law; (2) to prevent a clear and immediate danger to a person or persons; (3) where the addictions professional is a defendant in a civil, criminal or disciplinary action arising from the therapy (in which case client confidences may only be disclosed in the course of the action); or (4) if there is a waiver previously obtained in writing; and then such information may only be revealed in accordance with the terms of the waiver.
2.2 Use clinical materials in teaching, writing, and public presentations only if a written waiver has been received in accordance with paragraph 2.1 (4), of when appropriate steps have been taken to protect client identity.
2.3 Store or dispose of client records in ways that maintain confidentiality.

3. **PROFESSIONAL COMPETENCE AND INTEGRITY:**

The maintenance of high standards of professional competence and integrity are responsibilities shared by all addiction professionals. They recognize the boundaries of competence and the limitations of techniques and only provide services; use techniques or offer opinions as professionals meeting recognized standards. Throughout their careers, addiction professionals maintain knowledge of professional information related to the services they render.

ADDICTION PROFESSIONALS:

3.1 Accurately represent their competence, education, training, and experience.
3.2 As supervisors, perform duties based on careful preparation so that supervision is accurate, up-to-date and scholarly.
3.3 Recognize the need for obligation to professional growth through continuing education, are open to new procedures, and are sensitive to differences between groups of people and changes in expectations and values over time.
3.4 Should have an understanding of counseling or educational measurement, validation problems, and other test research where they have the responsibility for decisions involving individuals or policies based on test results. Test users should know and understand the literature relevant to the tests used and testing problems with which they deal.
3.5 Do not attempt to diagnose, treat, or advise problems outside the recognized boundaries of their competence.
3.6 Seek appropriate professional assistance for their personal problems or conflicts that are likely to impair their work performance and their clinical judgment.
3.7 Do not engage in sexual or other harassment of clients, students, employees, supervisees, trainees, or colleagues.
3.8 Are aware that, because of their ability to influence and alter the lives of others, they must experience special care when making public their professional recommendations and opinions through testimony or other public statements.

4. **RESPONSIBILITY TO STUDENTS, EMPLOYEES, AND SUPERVISEES:**

Addiction Professionals do not exploit the trust and dependency of students and supervisees.

ADDICTION PROFESSIONALS:

4.1 Are cognizant of their potentially influential position with respect to students, employees, and supervisees; avoid exploiting the trust and dependency of such persons; and make every effort

to avoid dual relationships that could impair professional judgment or increase the risk of exploitation.

4.2 Do not permit students, employees, or supervisees to perform or to represent themselves as competent to perform professional services beyond their training, level of experience, and competence.

5. **RESPONSIBILITY TO THE PROFESSION:**

Addiction Professionals act with due regard to the needs and feelings of their colleagues in the field of addictions and other professions. They respect the prerogatives and obligations of the institutions or organizations with which they are associated.

ADDICTIONS PROFESSIONALS:

5.1 Understand the areas of competence of related professions and make full use of other professional, technical, and administrative resources which best serve the interest of clients.

5.2 Remain accountable to the standards of the profession when acting as members or employees or organizations.

5.3 As writers and researchers: (1) assign publication credit to those who have contributed to a publication in proportion to their contributions; (2) cite appropriately persons to whom credit for original ideas are due; (3) take accurately and factually promoted and advertised; and (4) are adequately informed of and abide by relevant laws and regulations regarding the conduct of research with human participants.

5.4 Recognize a responsibility to participate in activities that contribute to a better community and society, including devoting a portion of their professional activity to services for which there is little or no financial return.

5.5 Are concerned with developing laws and regulations pertaining to the field of addiction that serve the public interest, and with altering such laws and regulations that are not in the public interest. They also encourage public participation in the designing and delivery of services and in the regulation of practitioners.

5.6 Having First-hand knowledge of an ethical violation, should attempt to rectify the situation. Failing an informal solution, addiction professionals should bring such unethical activities to the Certification Board for Addiction Professionals.

6. **FEES:**

Addiction Professionals charge fee only where they are licensed to do so. In such case they make financial arrangements with client's that conform to accepted professional practices and that are reasonably understandable.

ADDICTION PROFESSIONALS:

6.1 Do not offer or accept payment referrals.

6.2 Do not charge excessive fees for services.

6.3 Disclose their fee structure to clients at the onset of treatment.

7. **ADVERTISING:**

Addiction Professionals engage in appropriate informational activities, including those that enable laypersons to choose addiction professionals on an informed basis.

ADDICTION PROFESSIONALS:

7.1 Accurately represent their competence, education, training, and experience relevant to their practice as an addiction professional.

7.2 Claim as evidence of educational qualifications only those degrees from regionally-accredited institutions of from institutions accredited by states which license or certify addictions professionals.

7.3 Assure that advertisements and publications, whether in directories, announcement cards, newspapers, or on radio or television, are formulated to convey information that is necessary for the public to make an appropriate selection.

7.4 Do not use a name which could mislead the public concerning the identity, responsibility, source, and status of those participating under the name and do not represent themselves out as being partners or associates of a firm if they are not.

7.5 Do not use any professional identification (such as a professional card, office sign, letterhead, or telephone or association directory listing), if it includes statement or claim that is false, fraudulent, misleading, or deceptive.

7.6 Correct, wherever possible, false, misleading, or inaccurate information and representations made by others concerning the addiction professional's qualifications, services, or products.

VIOLATIONS OF THIS CODE SHOULD BE REPORTED TO:

ETHICS CHAIR, AADAA
717 Hwy. 67 S.
Suite 2
Decatur AL 35603[7]

[7] http://www.aadaa.us/ethics/

AADAA Prevention Certification

Minimum Criteria for Prevention Certification is as follows:

Associate Prevention Specialist (APS):

1. One year of experience in Prevention (2,000 hours or 240 Direct Service Hours)
2. 75 Hours of substance abuse education/training. 50% must be in prevention.
3. High School Diploma or GED.
4. Supervisor's Evaluations and two (2) Colleague Evaluations.
5. Must be supervised by CPS or CPM (or) one who meets the criteria for the same, including but limited to the required education of Prevention Specific AIDS/HIV Education/Prevention Ethics and Disruptive Audience.
6. Signed "Code of Ethics" and "Releases".
7. Additional Required Education: (4) hours of HIV/AIDS educations; (6) hours of Ethics education; (4) hours of Disruptive Audience Behavior education.*
8. Must reside or work in Alabama at least 51% of the time.

Reciprocal Level Notifications in Prevention (CPS & CPM)

Alabama Certified Prevention Specialist (ACPS):

1. Two years of experience in prevention (4,000 hours) (follow CPS Criteria).
2. HS or GED minimum + passage of ICRC Written Exam.

Certified Prevention Specialist (CPS):

1. Two (2) years of experience in prevention (4,000 hours).
2. 100 hours of substance abuse education training (50% in Prevention).
3. Bachelor's Degree in related field.
4. Supervisor's Evaluations and (3) Colleague Evaluations.
5. Signed "Code of Ethics" and "Releases".
6. Passage of ICRC Written Exam.
7. Additional Required Education: (4) hours of HIV/AIDS education; (6) hours of Ethics education; (4) hours of Disruptive Audience Behavior education.*
8. Must reside or work in Alabama at least 51% of the time.

Certified Prevention Manager (CPM):

1. Same as CPS, plus three (3) years of managerial/supervisory experience in substance prevention.

*To maintain all levels of certification, (4) hours of HIV/AIDS education and (4) hours of Ethics education must be completed every two (2) years.

Domains of a Prevention Professional:

I. Planning and Evaluation
II. Prevention Education and Delivery
III. Communication
IV. Community Organization

V. Public Policy and Environmental Change
VI. Professional Growth and Responsibility

Section 6

PREVENTION RESOURCES

STATE OF ALABAMA RESOURCES

Alabama Department of Mental Health
www.mh.alabama.gov

Mental Health Services (MH) provides a comprehensive array of treatment services and supports through six state-operated facilities and contractual agreements with community mental health centers across the state. The MH Central Office staff provides oversight and support for the continuum of care through its offices of quality improvement, consumer relations, deaf services, community programs, certification, facilities management, and the indigent drug program.

The Alabama Department of Mental Health serves more than 200,000 Alabama citizens with mental illnesses, developmental disabilities, and substance use disorders. Our mission is to Serve, Empower, and Support, and promote the health and well-being of Alabamians.

MH promotes recovery-based services and involves all stakeholders in setting and prioritizing service goals designed to meet the needs of the citizens that we serve.

Substance Abuse services are comprised of:

- Contracts and Reimbursement which manages all aspects of the billing contracts management processes, including client enrollment, contract utilization, claims adjudication, and provider reimbursement.

- Certification and Training which manages the program certification process, provides certification and technical assistance services, and provides a comprehensive statewide training and workforce development program for SA.

- Information Technology which is responsible for the data collection, dissemination and reporting for SA. Responsibilities include reporting for the Treatment Episode Data Set (TEDS), National Outcome Measures (NOMS), Substance Abuse Waiting List, client profile summaries, as well as the management of the Alabama Substance Abuse Information System (ASAIS).

- Prevention which manages all aspects of substance use prevention within SA to include the Strategic Prevention Framework (SPF), Alabama Epidemiological Outcomes Workgroup, State Prevention Advisory Board (SPAB), and Synar (Tobacco Sales to Minors Program).

- Treatment and Recovery Services which manages all aspects of substance abuse treatment within SA to include Adolescent Treatment Services, Adult Treatment Services, Co-occurring Disorders, Opiate Replacement Therapy and Medicaid Services.

Alabama Department of Mental Health, Alabama Epidemiological Outcomes Workgroup (AEOW)

The Alabama Epidemiological Outcomes Workgroup has focused efforts on a systematic assessment of statewide need to assure wise use of limited resources. In addition to monitoring alcohol, tobacco, and other drug consumption and consequence patterns in Alabama, the AEOW has made it a goal to build epidemiological capacity among state and local prevention professionals to ensure use of accurate data in planning, programming, and prioritization of relevant community indicators. The workgroup is valuable resource to the Strategic Prevention Framework progress, particularly with addressing state data needs/gaps, relevancy of data and epidemiological input. Also, the AEOW provides information and data about substance abuse to the State Prevention Advisory Board.

Alabama Department of Mental Health, State Prevention Advisory Board (SPAB)

The SPAB functions as an advisory board for prevention services in general, but it is also designated as the official SPF Advisory Board. The SPAB has representation from all of the state agencies that play a role in substance abuse prevention. School and community-based organizations are represented on the SPAB as well. Bringing these key stakeholders together in an advisory role has already helped to increase communication and collaboration between prevention agencies, and it is anticipated that it will continue to serve this function. The SPAB plays a large role in developing the states' prevention infrastructure and is the approving board of SPF operations.

Alabama Alcoholic Beverage Control Board
www.alabcboard.gov

Following the era of Prohibition, each state individually decided how alcoholic beverages would be managed within its borders. The people of Alabama did not want alcoholic beverages marketed like soup and soft drinks. Recognizing the lethal potential of alcohol, Alabama citizens demanded its rigorous control. The ABC Board was legislatively created to fulfill this mandate.

The ABC Board controls alcoholic beverages through distribution, licensing, and enforcement. The Board operates a chain of retail stores selling the majority of liquor purchased in Alabama. The Board operates in an efficient and cost-effective manner to ensure that Alabamians who choose to purchase beverages are able to do so at a fair price while generating considerable revenue for the State and local governing authorities. The facts prove that the system of control in Alabama are working. The State ranks among the nation's leaders in per capita revenue from the sale of alcohol, but does so while maintaining one of the nation's lowest levels of per capita consumption. High revenue with low consumption. This exactly fulfills the mandate of the people of Alabama.

The ABC Board also licenses commercial firms to sell alcoholic beverages. These range from restaurants and nightclubs to small stores selling beer for off-premise use. Applicants for a license are examined carefully to ensure the individuals involved are of solid moral character and will ensure the laws of Alabama and rules of the Board are obeyed. The proposed site for selling or dispensing of beverages is checked through neighborhood survey. After a license is issued, the ABC Board continuously inspects operations of licensees.

The Board also conducts audits, collects taxes, and disburses revenue obtained from those taxes, and disburses revenues from the ABC Stores. Recipients of these funds include the Department of Mental Health, Special Education Trust Fund, Department of Human Resources, and the State General Fund.

Alabama Community College System
ACCS | Real. Life. Education.

The Alabama Community College System (ACCS) is Alabama’s gateway to world-class, affordable education and technical training for the necessary skills to compete in a constantly evolving workforce. The system consists of 24 community and technical colleges, including the Alabama Technology Network, and Marion Military Institute – one of five junior military colleges in the nation. The Alabama Technology Network is a part of the ACCS and the Manufacturing Extension Partnership.

Alabama Department of Early Childhood Education
Early Childhood Education (alabama.gov)

The mission of the Alabama Department of Early Childhood Education is to inspire, support, and deliver cohesive, comprehensive systems of high quality education and care so that all Alabama children thrive and learn.

Alabama Department of Economic and Community Affairs (ADECA)
www.adeca.alabama.gov

ADECA is a state agency that partners with leaders at the local level to positively impact and enhance the quality of life in Alabama communities through dozens of federal and state grant programs, surplus property, and water resource management.

ADECA's grant programs support and fund local initiatives that communities often would not be able to afford on their own and improve many facets of life through community and economic development. Our programs help address critical infrastructure needs like water, sewer, and broadband; provide law enforcement equipment and support for victims of crime; build new trails and recreational features; and assist with energy efficiency that lowers energy costs.
ADECA is an agency of partnership and action, working every day to impact Alabama communities by awarding hundreds of millions of grants annually and tackling pressing issues and community needs.

Alabama Department of Education
www.alsde.edu

The Alabama State Department of Education is the state education agency of Alabama. The department was formed by the Alabama Legislature in 1854. The department serves over 740,000 students in 136 school systems.

Alabama Department of Human Resources
www.dhr.alabama.gov

The Department of Human Resources was created in 1935 to administer the assistance programs that were part of the Social Security Act. These programs were developed to help an American public that was suffering through the financial hardships of the Great Depression. The agency's original name was the Department of Public Welfare. In 1955, it was renamed the Department of Pensions and Security. The current name was adopted in 1986. Some programs have changed over the years to meet the changing needs of Alabama. However, the agency's primary goal has always been and always will be to help people in need.

The agency currently has about 4,000 State Merit System employees, most of whom work in the agency's 67 county departments. Although the agency employs a wide variety of professionals, social workers represent the largest category of DHR employees.

Alabama Department of Public Health
www.adph.org

The Alabama Department of Public Health (ADPH) is the primary state health agency for the state of Alabama. Alabama law designates the State Board of Health as an advisory board to the state in all medical matters, matters of sanitation, and public health. The Medical Association, which

meets annually, is the State Board of Health. The State Committee of Public Health meets monthly between the annual meetings and is authorized to act on behalf of the State Board of Health. The State Health Officer is empowered to act on behalf of the State Committee of Public Health when the committee is not in session.

More than 135 years ago, medical leaders in Alabama advocated constitutional authority to oversee matters of public health. The purpose of the authority was to develop a system of hygiene to preserve and prolong life; to plan an educational program for all people on the rules which govern a healthful existence; and to determine a way for enforcing health laws for the welfare of all people.

Alabama Law Enforcement Agency (ALEA)
www.alea.gov

The Alabama Law Enforcement Agency (ALEA) was created by Act 2013-67 and represents the consolidation and realignment of 12 state law enforcement agencies/functions into one entity. ALEA is responsible for the functions and missions of the Alabama Department of Homeland Security, Department of Public Safety, Alabama Bureau of Investigation, Fusion Center, Criminal Justice Information Center, Marine Police, Alcoholic Beverage Control Board Enforcement Division, Department of Revenue Enforcement, Forestry Commission Investigations, Agriculture and Industry Investigations, Public Service Commission Enforcement, and Office of Prosecution Services Computer Forensic Laboratories.

The mission of the Alabama Law Enforcement Agency is to efficiently provide quality service, protection, and safety for the State of Alabama through the utilization of consolidated law enforcement, investigative, and support services.

Children's Trust Fund of Alabama (CTF)
www.ctf.alabama.gov

The Alabama Child Abuse and Neglect Prevention Act (ADCANP) was adopted by the Alabama Legislature in 1983 to address the state's growing problem of child neglect and maltreatment. While several state agencies already existed to deal with different aspects of child abuse, none of these agencies specifically focused on solving the problem before it occurred. It was clear that Alabama needed to create a state agency with its own board, funding and staff to be dedicated solely to preventing child abuse. To address the problem at its origin, instead of merely addressing the symptoms of what could have been prevented, the Alabama Child Abuse Prevention Act established the Children's Trust Fund.

These state dollars are intended to provide annual funding of community based prevention programs throughout the state as well as create a self-sustaining pool of funds to provide for funding these programs in the future. As Alabama's ONLY state agency designated to prevent child abuse and neglect, it will be our goal to encourage and support each community in this state in their efforts to find new and effective solutions for preventing child abuse before it occurs, and ultimately strengthening Alabama families to prevent this tragedy in the future.

Department of Rehabilitation Services
www.rehab.alabama.gov

T Created by the Alabama Legislature in 1994, the Alabama Department of Rehabilitation Services (ADRS) is the state agency that serves Alabamians with disabilities from birth throughout their lives. Our "continuum of care" approach means that help is here at every stage of a person's life.

Services are provided by our four main programs through 25 community offices, reaching residents in all 67 counties.

Department of Senior Services
www.alabamaageline.gov

The Alabama Department of Senior Services (ADSS) is a cabinet level state agency that administers programs for senior citizens, people with disabilities, and caregivers. The department was originally established by the Alabama Legislature in 1957 as the Alabama Commission on Aging. ADSS was established under Title 38 Chapter 3 of the Code of Alabama.

Alabama Department of Veterans Affairs (ADVA)
Alabama Department of Veterans Affairs

The Alabama Department of Veterans Affairs (ADVA) mission is to promote awareness, assist eligible veterans, their families, and survivors to receive from the U. S. and State Governments any and all benefits to which they may be entitled under existing or future laws to be enacted. The vision of ADVA is to ensure that all veterans and their families understand and receive all the benefits, support, care, and recognition that they have earned and are entitled to, by expertly administering all current programs, anticipating future needs and taking appropriate action to meet these needs.

Department of Youth Services
www.dys.alabama.gov

The Alabama Department of Youth Services (DYS) is the state agency charged with the responsibility for administering and regulating juvenile justice programs and services. The Alabama Department of Youth Services (DYS) was established, and is governed by, Title 44 of the Code of Alabama 1975. DYS is responsible for custody and rehabilitative services to youth committed by the state's juvenile courts and is independent and separate from adult corrections in Alabama. Responsibility for probation, supervision, and aftercare for juveniles is held by the Administrative Office of Courts in each county. Regional detention facilities are licensed by DYS but are a combination of private and local government controlled entities.

NATIONAL RESOURCES AND REFERENCES

Center for Substance Abuse Prevention- CSAP

Center for Substance Abuse Prevention | SAMHSA

The mission of the Center for Substance Abuse Prevention is to improve behavioral health through evidence-based prevention approaches.

The Center for Substance Abuse Prevention (CSAP) works with federal, state, public, and private organizations to develop comprehensive prevention systems by:

- Providing national leadership in the development of policies, programs, and services to prevent the onset of illegal drug use, prescription drug misuse and abuse, alcohol misuse and abuse, and underage alcohol and tobacco use
- Promoting effective substance abuse prevention practices that enable states, communities, and other organizations to apply prevention knowledge effectively

As a result of its efforts, CSAP's work creates:

- Supportive workplaces, schools, and communities
- Drug-free and crime-free neighborhoods
- Positive connections with friends and family

Centers for Disease Control and Prevention (CDC), DHHS

www.cdc.gov

The CDC works 24/7 to protect America from health, safety and security threats, both foreign and in the U.S. Whether diseases start at home or abroad, are chronic or acute, curable or preventable, human error or deliberate attack, CDC fights disease and supports communities and citizens to do the same.

CDC increases the health security of our nation. As the nation's health protection agency, CDC saves lives and protects people from health threats. To accomplish our mission, CDC conducts critical science and provides health information that protects our nation against expensive and dangerous health threats, and responds when these arise.

Community Anti-Drug Coalitions of America (CADCA)

www.cadca.org

Since 1992, CADCA has demonstrated that when all sectors of a community come together, social change happens. CADCA represents over 5,000 community coalitions that involve individuals from key sectors including schools, law enforcement, youth, parents, healthcare, media and others. We have members in every U.S. state and territory and more than 30 countries around the world. The CADCA coalition model emphasizes the power of community coalitions to prevent substance misuse through collaborative community efforts. We believe that prevention of substance use and misuse before it starts is the most effective and cost-efficient way to reduce substance use and its associated costs.

US Department of Defense
www.defense.gov

The Department of Defense is America's largest government agency. With our military tracing its roots back to pre-Revolutionary times, the department has grown and evolved with our nation. Our mission is to provide the military forces needed to deter war and ensure our nation's security.

Drug Enforcement Administration (DEA)
www.dea.gov

The DEA was established in 1973 as the federal organization in charge of enforcing the controlled substances laws of the United States. Today thousands of DEA employees located in hundreds of offices across the country and around the world are dedicated to fulfilling DEA's mission and to continuing our *Tradition of Excellence*. We are experts in drug enforcement: Special Agents, Diversion Investigators, Forensic Scientists, Intelligence Research Specialists and highly trained support staff and we work together as one team to keep Americans safe from dangerous drugs and those that traffic in them.

Evidence Based Practices Resource Center
www.samhsa.gov/resource-search/ebp

SAMHSA is committed to improving prevention, treatment, and recovery support services for mental and substance use disorders. The Evidence-Based Practices Resource Center provides communities, clinicians, policy-makers and others with the information and tools to incorporate evidence-based practices into their communities or clinical settings.

National Association of State Alcohol and Drug Abuse Directors – NASADAD
www.nasadad.org

The National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD) is a private, not-for-profit educational, scientific, and informational organization. The Association was originally incorporated in 1971 to serve State Drug Agency Directors, and then in 1978 the membership was expanded to include State Alcoholism Agency Directors.

NASADAD's basic purpose is to foster and support the development of effective alcohol and other drug abuse prevention and treatment programs throughout every State. The Board of Directors is composed of a President, First Vice President, Vice President for Treatment, Vice President for Internal Affairs, Vice President for Prevention, Past President, Secretary, and Treasurer, as well as 10 regional representatives elected by the Association members in the region. The Washington, DC, office is headed by an Executive Director and includes divisions concerned with Research and Program Applications, Prevention Services, and Public Policy.

National Institute on Alcohol Abuse and Alcoholism (NIAAA), NIH, DHHS
www.niaaa.nih.gov

The mission of the National Institute on Alcohol Abuse and Alcoholism is to generate and disseminate fundamental knowledge about the effects of alcohol on health and well-being, and apply that knowledge to improve diagnosis, prevention, and treatment of alcohol-related problems, including alcohol use disorder, across the lifespan.

NIAAA provides leadership in the national effort to reduce alcohol-related problems by:

- Conducting and supporting alcohol-related research in a wide range of scientific areas including genetics, neuroscience, epidemiology, prevention, and treatment.
- Coordinating and collaborating with other research institutes and Federal Programs on alcohol-related issues.
- Collaborating with international, national, state, and local institutions, organizations, agencies, and programs engaged in alcohol-related work.
- Translating and disseminating research findings to health care providers, researchers, policymakers, and the public.

National Institute on Drug Abuse (NIDA)
www.drugabuse.gov

NIDA's mission is to advance science on the causes and consequences of drug use and addiction and to apply that knowledge to improve individual and public health

National Institutes of Health (NIH)
www.nih.gov

The National Institutes of Health (NIH), a part of the U.S. Department of Health and Human Services, is the nation's medical research agency — making important discoveries that improve health and save lives.

The National Institutes of Health is made up of 27 different components called Institutes and Centers. Each has its own specific research agenda, often focusing on particular diseases or body systems. All but three of these components receive their funding directly from Congress, and administrate their own budgets. NIH leadership plays an active role in shaping the agency's research planning, activities, and outlook.

National Institute of Justice – NIJ
www.nij.ojp.gov

NIJ is the research, development and evaluation agency of the U.S. Department of Justice. We are dedicated to improving knowledge and understanding of crime and justice issues through science. We provide objective and independent knowledge and tools to inform the decision-making of the criminal and juvenile justice communities to reduce crime and advance justice, particularly at the state and local levels.

NIJ accomplishes our mission through the "Listen, Learn, Inform" model — we "listen" to the needs of the field; "learn" ways to meet those needs by funding research, development, and evaluation projects; and then "inform" the field of what we learned.

National Institute of Mental Health (NIMH)
www.nimh.nih.gov

The National Institute of Mental Health (NIMH) is the lead federal agency for research on mental disorders. NIMH is one of the 27 Institutes and Centers that make up the National Institutes of Health (NIH), the largest biomedical research agency in the world. NIH is part of the U.S. Department of Health and Human Services (HHS).

National Prevention Network (NPN)
www.nasadad.org/npn-4/

The National Prevention Network (NPN) is an organization of State alcohol and other drug abuse prevention representatives that provides a national advocacy and communication system for prevention. State prevention representatives work with their respective State Agency Directors to ensure effective alcohol, tobacco, and other drug abuse prevention services in each State.

Office of Juvenile Justice and Delinquency Prevention (OJJDP)
www.ojjdp.ojp.gov

The Juvenile Justice and Delinquency Prevention Act of 1974, Public Law 93–415, as amended, established the Office of Juvenile Justice and Delinquency Prevention (OJJDP) to support local and state efforts to prevent delinquency and improve the juvenile justice system.

A component of the Office of Justice Programs within the U.S. Department of Justice, OJJDP works to prevent juvenile delinquency, improve the juvenile justice system, and protect children. OJJDP accomplishes its mission by supporting states, local communities, and tribal jurisdictions in their efforts to develop and implement effective programs for juveniles. The Office strives to strengthen the juvenile justice system's efforts to protect public safety, hold justice-involved youth appropriately accountable, and provide services that address the needs of youth and their families.

Through its divisions, OJJDP sponsors research, program, and training initiatives; develops priorities and goals and sets policies to guide federal juvenile justice issues; disseminates information about juvenile justice issues; and awards funds to states to support local programming.

Office of National Drug Control Policy (ONDCP)
www.whitehousedrugpolicy.gov

The Office of National Drug Control Policy (ONDCP) is a component of the Executive Office of the President. The mission of ONDCP is to reduce substance use disorder and its consequences by coordinating the nation's drug control policy through the development and oversight of the National Drug Control Strategy and Budget.

Prevention of Substance Abuse and Mental Illness- SAMHSA
Prevention of Substance Use and Mental Disorders | SAMHSA

Prevention activities work to educate and support individuals and communities to prevent the use and misuse of drugs and the development of substance use disorders. Substance use and mental disorders can make daily activities difficult and impair a person's ability to work, interact with family, and fulfill other major life functions. Mental and substance use disorders are among the top conditions that cause disability in the United States. Preventing mental and/or substance use disorders or co-occurring disorders and related problems is critical to behavioral and physical health.

SAMHSA's Center for Mental Health Services (CMHS) leads federal efforts to promote the prevention and treatment of mental disorders. SAMHSA's Center for Substance Abuse Prevention (CSAP) aims to develop comprehensive systems through providing national leadership in the development of policies, programs, and services to prevent the onset of substance misuse.

SAMHSA'S Evidence-Based Practices Resource Center works to provide communities, clinicians, policymakers, and others in the field with the information they need to incorporate evidence-based practices in their communities for prevention, treatment, and recovery services.

The 2018 National Survey on Drug Use and Health (PDF | 1.6 MB) reports that approximately 20.3 million people aged 12 or older had a substance use disorder in the past year. Also, in 2018, an estimated 47.6 million adults in the U.S. had any mental illness in the past year, which represents 19.1 percent of the adult population. Evidence-based prevention can work to prevent substance misuse and the development of substance use and mental disorders.

SAMHSA's prevention and early intervention efforts promote evidence-based decision-making.

Prevention Technology Transfer Center Network
www.pttcnetwork.org/

The purpose of the Prevention Technology Transfer Center (PTTC) Network is to improve implementation and delivery of effective substance abuse prevention interventions, and provide training and technical assistance services to the substance abuse prevention field. It does this by developing and disseminating tools and strategies needed to improve the quality of substance abuse prevention efforts; providing intensive technical assistance and learning resources to prevention professionals in order to improve their understanding of prevention science, epidemiological data, and implementation of evidence-based and promising practices; and, developing tools and resources to engage the next generation of prevention professionals.

Established in 2018 by the Substance Abuse and Mental Health Services Administration (SAMHSA), the PTTC Network is comprised of 10 Domestic Regional Centers, 2 National Focus Area Centers, and a Network Coordinating Office. Together the Network serves the 50 U.S. states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the Pacific Islands of Guam, American Samoa, Palau, the Marshall Islands, Micronesia, and the Mariana Islands.

Substance Abuse and Mental Health Data Archive (SAMHDA)
www.datafiles.samhsa.gov

The Substance Abuse and Mental Health Data Archive (SAMHDA) is an initiative funded under contract HHSS283201500001C with the Center for Behavioral Health Statistics and Quality (CBHSQ), Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). CBHSQ has primary responsibility for the collection, analysis, and dissemination of SAMHSA's behavioral health data.

CBHSQ promotes the access and use of the nation's substance abuse and mental health data through SAMHDA. SAMHDA provides public-use data files, file documentation, and access to restricted-use data files to support a better understanding of this critical area of public health.

Substance Abuse and Mental Health Services Administration (SAMHSA)
www.samhsa.gov

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

NATIONAL AWARENESS OBSERVATIONS

Please note this list is not exhaustive and only includes some of the most common observations

January

- National Birth Defects Prevention Month with the National Birth Defects Prevention Network

February

- Teen Dating Violence Awareness Month
- National Black HIV/AIDS Awareness Day
- Children of Addiction Awareness Week

March

- National Developmental Disabilities Awareness Month
- National Women and Girls HIV/AIDS Awareness Day
- National Poison Prevention Week
- National Native American HIV/AIDS Awareness Day
- National Drug and Alcohol Facts Week (March 22–28)

April

- Alcohol Awareness Month
- National Child Abuse Prevention Month
- Sexual Assault Awareness and Prevention Month
- STI Awareness Month
- National Public Health Week (April 1–7)
- World Health Day (April 7)
- National Youth HIV/AIDS Awareness Day
- National Youth Violence Prevention Week (April 12–16)

May

- Mental Health Awareness Month
- Children's Mental Health Awareness Week
- National Asian and Pacific Islander HIV/AIDS Awareness Day
- World No Tobacco Day
- SAMHSA National Prevention Week
- Alcohol & Other Drug-related Birth Defects Awareness Week

June

- PTSD Awareness Month with the U.S. Department of Veterans Affairs
- National HIV Testing Day

August

- World Lung Cancer Day
- National Health Center Week
- International Overdose Awareness Day

September

- National Recovery Month with the Substance Abuse and Mental Health Services Administration (SAMHSA)
- National Suicide Prevention Week (Sept. 5–11)
- World Suicide Prevention Day (Sept. 10)

October

- Domestic Violence Awareness Month
- Healthy Lung Month
- National Bullying Prevention Month
- Mental Illness Awareness Week (Oct. 3–9)
- National Depression Screening Day
- World Mental Health Day (Oct. 10)
- National Prescription Drug Take Back Day
- Red Ribbon Week

November

- COPD Awareness Month
- Lung Cancer Awareness Month
- Prematurity Awareness Month with the March of Dimes
- World Prematurity Day (Nov. 17) with March of Dimes
- Great American Smokeout
- International Survivors of Suicide Loss Day

December

- World AIDS Day
- International Day of Persons with Disabilities
- Drunk and Drugged Driving Prevention Month

ANNUAL CONFERENCES, MEETINGS AND SEMINARS

Please note this list is not exhaustive and only includes some of the most common conferences, meetings, & seminars

AADAC, the Association for Addiction Professionals
NAADAC Conferences

Alabama School of Alcohol and other Drug Studies (ASADS)
Home | ASADS (asadsonline.com)

CADCA National Leadership Forum
Community Anti-Drug Coalitions of America (CADCA)
CADCA | Building drug-free communities./

Cocaine, Meth, & Stimulant Summit
www.stimulantsummit.com

National Conference on Juvenile Justice
2021 National Conference on Juvenile Justice | NCJFCJ

NASADAD Annual Meeting
https://nasadad.org

National Prevention Network Annual Research Conference
https://nasadad.org

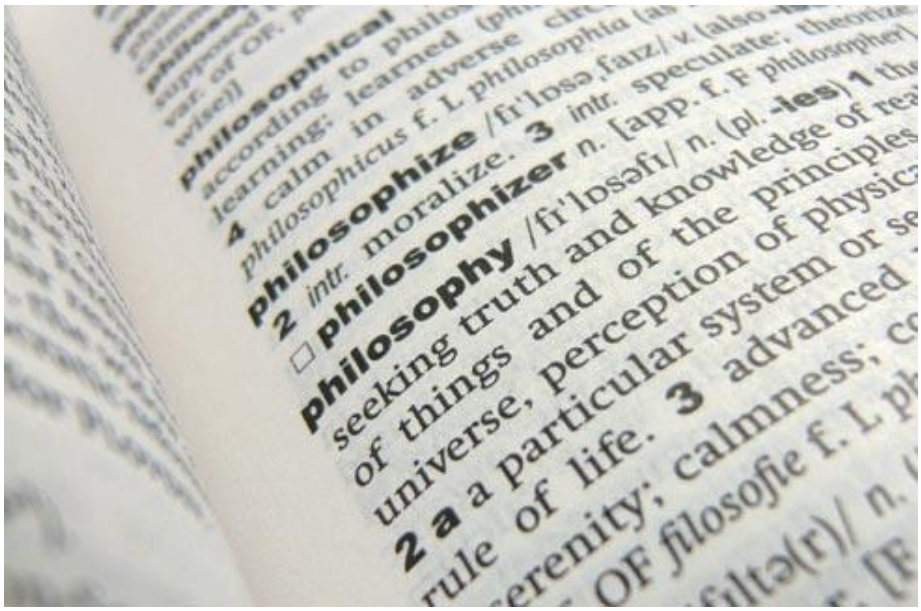
National Institute on Drug Abuse
Upcoming Meetings & Events | National Institute on Drug Abuse (NIDA)

Rx Drug Abuse & Heroin Summit
Home | 2021 RX Summit (rx-summit.com)

Substance Abuse and Mental Health Services Administration (SAMHSA)
Events and Conferences | SAMHSA

Section 7

GENERAL PREVENTION INFORMATION



PREVENTION DEFINITIONS

Please not this list is not exhaustive and only includes some of the most common definitions

A

Abstinence - Total avoidance or non-use of substances such as alcohol, tobacco, and illicit drugs.

Abuse - Occurs when alcohol or drug use adversely affects the health of the user or when the use of a substance imposes social and personal costs. **Because of the negative connotation and stigma often associated with the term "abuse", ADMH uses the term "use" instead of "abuse".*

Access to Services - The extent to which services are available for individuals who need care. Ease of access depends on several factors, including availability and location of appropriate care and services, transportation, hours of operation, and cultural factors, including languages and cultural appropriateness.

Access to Substances - The extent to which illicit and licit substances are available in the home, community, or schools.

Accessing Services and Funding - Assisting States and communities in increasing or improving their prevention and treatment service capacity by developing resources to support those services. Examples include developing and maintaining a resource listing of Federal, State, and local funding programs; accessing and coordinating Federal, State, and local grants; and developing program budgets.

Accountability - Systematic inclusion of critical elements of program planning, implementation, and evaluation in order to achieve results.

Action Plan - Translates the conceptual map represented by a logic model into an operation application, detailing the key tasks that must be completed, including the measurement of outcomes.

Activities – Efforts to be conducted to achieve identified objectives.

Adaptation - Modification made to a chosen intervention's changes in audience, setting and/or intensity of program delivery. Research indicates that adaptations are most effective when underlying program theory is understood, core program components have been identified and both the community and needs of a population of interest have been carefully defined.

Addiction - A compulsive physiological craving for a habit-forming substance. Addiction is a chronic and progressive disease usually characterized by physiological symptoms upon withdrawal. The term "dependence" is often used synonymously to avoid the pejorative connotations of addiction.

Adolescent – a young person who is developing into an adult.

Adverse Childhood Experiences (ACE) – Adverse childhood experiences, or ACEs, are potentially traumatic events that occur in childhood (0-17 years). For example:

- experiencing violence, abuse, or neglect
- witnessing violence in the home or community
- Having a family member attempt or die by suicide

Also included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding, such as growing up in a household with:

- Substance use problems
- Mental health problems
- Instability due to parental separation or household members being in jail or prison

ACEs are linked to chronic health problems, mental illness, and substance use problems in adulthood. ACEs can also negatively impact education, job opportunities, and earning potential. However, ACEs can be prevented.

Advocacy –To promote the interest of cause of a particular initiative.

Age of Onset - In substance abuse prevention, the age of first use.

Agent - In the Public Health Model, the agent is the catalyst, substance, or organism causing the health problem.

Alcohol and Drug Prevention Provider - An entity (agency or organization) whose principal objective is the prevention of substance use or abuse, or a program whose activities are related to education of and/or early intervention with populations at risk for substance abuse or dependency.

Alternative Activities - One of the six (6) prevention strategies identified by the Center for Substance Abuse Prevention (CSAP) that can be used as part of a comprehensive prevention program. This strategy provides for the participation of the target population in activities that are alcohol, tobacco and drug-free. Examples of alternative activities include drug-free dances and parties, youth and adult leadership activities, community drop-in centers, community service activities and mentoring program. This strategy is based upon the assumption that constructive and healthy activities offset the attraction to drugs; or otherwise meet the needs usually filled by drugs; and can lead to the reduction or elimination of substance use. The use of alternative activities alone as a prevention strategy has not been shown to be effective, but alternative activities should be part of a comprehensive plan.

Ambulatory Care - All types of health services provided on an outpatient basis, in contrast to services provided in the home or to persons who are inpatients. While many inpatients may be ambulatory, the term ambulatory care usually implies that the patient must travel to a location to receive services that do not require an overnight stay.

Anecdotal Evidence - Information derived from a subjective report, observation, or example that may or may not be reliable but cannot be considered scientifically valid or representative of a larger group or of conditions in another location.

Antisocial (and Other Problem Behaviors) - Acting disruptive or disrespectful of others. Such actions can be classified as behavior-related problems (e.g., poor conduct and impulsiveness), behavior-related disorders (e.g., attention deficit-hyperactivity disorder), or both.

Approach - A set of prevention strategies that typify a program and can be employed in an intervention setting without adopting the program in total.

Archival Data - Relative to the collection of data for needs assessment purposes, information that is collected and stored on a periodic basis.

Arrestee Drug Abuse Monitoring (ADAM) Program - A program of the National Institute of Justice, formerly known as the Drug Use Forecasting System, which tracks trends in the prevalence and types of drug use among booked arrestees in urban areas.

Assessing Community Needs - Implementing prevention-focused tasks to determine the need for prevention services, identify at-risk and high-risk populations, or determine priority prevention populations for service delivery. Examples are conducting / participating in statewide prevention needs assessments, community prevention needs assessments, or neighborhood needs assessments.

Assets - In social development theory, the individual skills and strengths that can protect against substance abuse.

Assumptions- Suppositions that explain the connections between immediate, intermediate, and long-term outcomes and expectations about how your approach is going to work.

At Risk - For persons, the condition of being more likely than average to develop an illness or condition, e.g., substance abuse, because of some predisposing factor such as family history or poor environment.

Attribution - The ability to link a particular effect with a specific cause.

Audiences - Prevention messages/programs tailored to particular target population.

B

Baseline - Observations or data about the target area and target population prior to treatment or intervention, which can be used as a basis for comparison once a program, has been implemented.

Baseline Data - The initial information collected prior to the implementation of an intervention, against which outcomes can be compared at strategic points during and at completion of an intervention.

Behavioral Health - A managed care term that applies to the assessment and treatment of problems related to mental health and substance abuse.

Behavioral Healthcare - A continuum of services to individuals at risk of or suffering from mental, addictive, or other behavioral disorders.

Benchmark – A particular indicator or performance goal. Benchmarks can be described as steps to achieving an overall goal.

Best Practices - Programs, practices and policies that have been rigorously researched and evaluated and have been shown to effectively prevent or delay substance abuse.

Bias - The extent to which a measurement, sampling, or analytic method systematically underestimates or overestimates the true value of something. Bias in questionnaire data can stem from a variety of other factors, including choice of words, sentence structure, and the sequence of questions. Bias is also created when a significant number of respondents do not answer a question.

Buffer - A descriptive term to describe an asset, protective factor, condition, behavior, or attitude that serves as a shield or insulator against a harmful condition.

C

Capacity - The infrastructure necessary to support needed programs and services in communities. Examples include human resources (e.g. personnel with different skill sets), material resources (e.g. technical abilities and systems) and administrative resources (e.g. telephones).

Case Management - The monitoring and coordination of treatment rendered to covered persons with a specific diagnosis or requiring high-cost or extensive services.

Cause - Something that brings about an effect or a result.

Center for Substance Abuse Prevention (CSAP) - CSAP is a center within the Substance Abuse and Mental Health Services Administration (SAMHSA) that provides national leadership in the effort to prevent alcohol, tobacco and other drug use. CSAP works with states and communities to develop comprehensive prevention approaches to promote healthy communities.

Child Abuse and Neglect - A contributing factor or risk factor for substance abuse.

Classroom Educational Services - Prevention lessons, seminars, or workshops that are recurring and are presented primarily in a school or college classroom.

Clearinghouse/Information Resource Center - A central repository of or a dissemination point for current, factual, and culturally relevant written and audiovisual information and materials concerning substance use and abuse.

Coalition - A formal arrangement for cooperation and collaboration between groups or sectors of a community, in which each group retains its identity, but all agree to work together toward a common goal of building a safe, healthy and drug free community.

Collaboration – Coming together to develop and/or generate outcomes with combined resources through mutual decision-making for the mutual benefit of all entities involved.

Community - A group of individuals who share cultural and social experiences within a common geographic or political jurisdiction. A community may be a neighborhood, town, part of a county, county school district, congressional district or regional area.

Community Awareness - A perception or recognition on the part of the community that there is a substance abuse problem.

Community-based Process Strategy - One of six (6)prevention strategies identified by the Center for Substance Abuse Prevention (CSAP) that can be used as part of a comprehensive prevention program. This strategy aims to enhance the ability of the community to provide more effective prevention and treatment services for substance abuse disorders by including activities such as organizing, planning, interagency collaboration, coalition building and networking.

Community Domain – One of the spheres of influences identified by the Center for Substance Abuse Prevention (CSAP) to prevent substance use. Community encompasses the societal environments in which consumers live, work and socialize. Community domain risk factors include:

(a) Lack of bonding or attachment to social and community institutions.
(b) Lack of community awareness of acknowledgment of substance use problems.
(c) Community norms favorable to substance use and tolerant of abuse.
(d) Insufficient community resources to support prevention efforts.
(e) Inability to address substance abuse issues.

Community Drop-In Centers - Centers that provide community facilities and structured prevention services and that do not permit alcohol, tobacco, or other drug use on their premises. Activities held in these centers include recreation, activities for teens, senior citizens, and children.

Community Mobilization - Enhances the ability of the community to provide prevention services, and includes such activities as organizing, planning, inter-agency collaboration, coalition building, and networking.

Community Norms - The attitudes and policies toward substance use and crime that a community holds, which are communicated in a variety of ways such as laws, written policies, informal social practices and expectations that parents and other members of the community may have of young people.

Community Organization (Theory) - The process by which community groups are helped in order to identify common problems or goals, mobilize resources, and develop and implement strategies for reaching goals they have set.

Community Readiness - The community's awareness of, interest in, and ability and willingness to support substance abuse prevention initiatives.

Compliance Checks- Enforcement of state and federal laws through monitoring and surveillance.

Comprehensive approach – A systemic and programmatic approach to prevention services that addresses risk and protective factors from multiple domains using different programs, practices and policies.

Consumer - An individual who receives care, who purchases care directly, or who selects among health plans purchased on his or her behalf by an employer or another entity.

Continuing education – Education and training experience designed to update knowledge and skills. Every activity offered for continuing education (CE) credit, regardless of its length, must have clearly defined educational objectives and goals that must be made available to participants prior to enrollment in the workshop or training. Prevention CE hours must focus on subject matter that is specific to prevention and have explicit prevention learning objectives.

Continuous Quality Improvement (CQI) - The systematic assessment, feedback, and use of information relevant to planning, implementation, and outcomes.

Continuum of Service - An interrelated continuum of service that includes prevention, intervention and treatment.

Control Group - In experimental evaluation design, a group of participants that is essentially similar to the intervention (i.e., experimental) group but is not exposed to the intervention.

Core Components - Program elements that are demonstrably essential to achieving positive outcomes.

Core Measures - As used in SAMHSA terminology, a compendium of data collection instruments that measure underlying conditions-risks, resources, attitudes, and behaviors of different populations-related to the prevention and/or reduction of substance abuse.

Core Measures Initiative - A CSAP initiative to identify soundly established measurements and factors proven to be successful with prevention.

Cost-Effectiveness Analysis (CEA) - A systematic method for valuing over time the monetary costs and non-monetary consequences of producing and consuming substance abuse program services.

Credentialing - The process of reviewing a practitioner's credentials, i.e., training, experience, or demonstrated ability, for the purpose of determining whether criteria for clinical privileges are met.

Criminal History Check – A listing of certain information taken from fingerprint submissions retained by federal and state law enforcement agencies in connection with arrests and, in some instances, federal employment, naturalization, or military service.

Culture – The behaviors and beliefs characteristic of a particular social, ethnic or age group. Deep culture includes those characteristics that are not visible by observation, which surface culture includes those characteristics that re visible by observation.

Cultural Competence - The capacity of individuals to incorporate ethnic/cultural considerations into all aspects of their work relative to substance abuse prevention and reduction. Cultural competence is maximized by diverse representation during every phase of the implementation process and the process and outcomes evaluation.

Cultural Diversity - Differences in race, ethnicity, language, nationality, or religion among various groups within a community, organization, or nation.

Cultural Humility – A process of self-reflection and discovery in order to build honest and trustworthy relationships. If offers promise for researchers to understand and eliminate health disparities.

Cultural Relevance - The ability to effectively reach and engage communities and their youth in a manner consistent with the cultural context and values of that community while effectively addressing disparities of diversity, equity, and inclusion within an organization's entire structure.

Cultural Sensitivity - The ability to recognize and demonstrate an understanding of cultural differences.

Culture - The behaviors and beliefs characteristic of a particular social, ethnic or age group. Deep culture includes those characteristics that are not visible by observation, which surface culture includes those characteristics that are visible by observation.

D

Data - Information or facts from which conclusions can be drawn; collected according to a methodology using specific research methods and instruments. A data driven process is whereby decisions are informed by and tested against systematically gathered and analyzed information.

Data Analysis - The assessment, interpretation, and/or appraisal of systematically collected information.

Data Driven - A process whereby decisions are informed by and tested against systematically gathered and analyzed information.

Data Source - The entity (person or device) providing responses to measurement devices.

Data Targets - The who or what that is being evaluated.

Defined Population -People whose attitudes, knowledge, skills, risks/assets, and behaviors are to be strengthened or changed. Also known as the target group, the population of interest, or the target population/group.

Delinquent/Violent Youth - Youth who display risk factors for delinquency or violence or who have been determined to be delinquent or violent.

Demographics - The characteristics of a human population, including sex, age, socioeconomic status (SES), and so forth.

Demographic Data – Data that describes a place and the people living in a community. Commonly collected demographic data include size, population, age, ethnic/cultural characteristics, socio-economic status, and languages spoken.

Dependence - A mental and sometimes physical state resulting from taking a drug, characterized by a compulsion to take a drug on a continual or periodic basis.
Descriptors - A word or phrase used to identify an item in an information retrieval system.

Documentation - Entails keeping records, collecting data, and making observations in order to obtain specific kinds of information, such as the rates of alcohol-related problems, consumption, and sales.

Domain - The spheres of influence (activity) that may affect substance use. The domains are individual (peer), family, school (work) and community (society/environment). Characteristics and conditions that exist within each domain of activity may act as risk or protective factors and present an opportunity for preventive action.

Domestic Violence - Domestic violence is violence occurring in the home and inflicted by one spouse on another, by a parent upon a child or children, or vice versa, or by one sibling on another. Domestic violence is a contributing factor or risk factor for substance abuse.

Drug Free Communities Act (DFCA) - This Act serves as a catalyst for increased citizen participation in our efforts to reduce substance abuse among our youth and provide community anti-drug coalitions with much needed funds to carry out their important missions. The Act provides for grants to coalitions of representatives of youth, parents, businesses, the media, schools, and other organizations.

Drug Free Workplace Act - The 1988 Federal act that laid the groundwork for subsequent regulation of workplace drug testing.

DUI/DWI/MIP Programs - In states that count Driving Under the Influence (DUI), Driving While Intoxicated (DWI), and Minor in Possession (MIP) programs as a prevention service, structured prevention education programs intended to change the behavior of youth and adults who have been involved in the use of alcohol and/or other drugs while operating a motor vehicle.

E

Economically Disadvantaged Youth/Adults - Youth and adults considered to be underprivileged in material goods due to poor economic conditions.

Education strategy - One (1) of six (6) prevention strategies identified by the Center for Substance Abuse Prevention (CSAP) that can be used as part of a comprehensive prevention program. This

strategy involves interactive communication between the educator and participants and goes beyond information dissemination. Activities for this strategy aim to affect life and social skills, including decision making refusal and critical analysis skills. Examples of activities for this strategy include classroom and small group sessions, parenting and family management classes, peer leader and peer helper programs, education programs for youth groups and children of substance abusers.

Effect - A result, impact, or outcome.

Effective Prevention Programs - Effective Prevention Programs (as defined by CSAP's National Registry of Effective Prevention Programs [NREPP]) are science-based programs that produce a consistent, positive pattern of results.

Effective Program - In CSAP's terminology, an intervention that builds upon established theory, comprises elements and activities grounded in that theory, demonstrates practical utility for the prevention field, has been well implemented and well evaluated, and has produced a consistent pattern of positive outcomes.

Effectiveness - The ability to achieve stated goals or objectives, judged in terms of outcomes and impact.

Empirical Data- Relying on or derived from observation or experiment. Information derived from measurement made in "real life" situations (e.g. focus groups, one-on-one interviews).

Employee Assistance Programs (EAPs) - Programs to assist employees, their family members, and employers in finding solutions for workplace and personal problems.

Entity - An agency or organization that provides substance abuse prevention services as prescribed by the State in which it is located.

Environment - In the Public Health Model, the environment is the context in which the host and the agent exist. The environment creates conditions that increase or decrease the chance that the host will become susceptible and the agent more effective. In the case of substance abuse, the environment is a societal climate that encourages, supports, reinforces, or sustains problematic use of drugs.

Environmental Analysis - An assessment of the formal and informal policies and the social, physical, or cultural conditions affecting an individual or a community.

Environmental Factors - Factors that are external or perceived to be external to an individual but that may nonetheless affect his or her behavior.

Environmental strategy – One (1) of six (6) prevention strategies identified by the Center for Substance Abuse Prevention (CSAP) that can be used as part of a comprehensive prevention program. This strategy seeks to establish or change community standards, codes and attitudes, thereby influencing the substance use in the general population. Examples of methods used include:

- Establishing and reviewing drug policies in schools.

- Reviewing and modifying alcohol and tobacco advertising practices.
- Product pricing (increases in tobacco or alcohol taxes).
- Enacting policies targeting underage drivers such as zero (0) tolerance laws for underage drinking and driving and graduated driving privileges.
- Interventions addressing location and density of retail outlets selling alcohol and tobacco.
- Implementing neighborhood anti-drug strategies, such as citizen surveillance and the use of civil remedies-particularly nuisance abatement programs, to reduce the number and density of retail drug operations.
- Restrictions on smoking/tobacco use in public and private indoor facilities to reduce tobacco use among adults and youth.
- Server-training programs combined with law enforcement to reduce serving alcohol to minors.

Epidemiological Profile – A summary and characterization of the consumption (use) patterns and consequences of the abuse of ATOD (alcohol, tobacco and other drugs) or other substances. The epidemiological profile identifies the sources of data on consumption patterns as well as the indicators used to identify consequences (e.g., morbidity and mortality).

Epidemiology - The study of the determinants and distribution of disease with respect to person, place, or time. It is the basic science of developing and applying disease prevention and control.

Epidemiology Work Group-Designated professionals engaged in the collection of vital research data and statistics for the purpose of addressing the prevention of an identified issue, e.g. preventing alcohol and other drug problems.

Ethics – A state set of principles and behaviors designed to ensure the highest standards of professional practice. In Prevention Ethics areas covered typically include non-discrimination, competence, legal and moral standards, public statements, publication credit, client welfare, confidentiality, client relationships, inter-professional relationships and remuneration.

Ethnicity - Belonging to a common group-often linked by race, nationality, and language--that shares a cultural heritage and/or origin.

Evaluation - The systematic collection and analysis of data needed to make informed decisions about the effectiveness of a specific program or intervention. Effective evaluations assess whether programs are implemented as planned and whether positive outcomes occur among participants.

Evaluation Goal - Statement of the ultimate outcome of an evaluation.

Evaluation Instruments - Specially designed data collection tools (e.g., questionnaires, survey instruments, structured observation guides) to obtain measurably reliable responses from individuals or groups pertaining to their attitudes, abilities, beliefs, or behaviors.

Evaluation method- The method used to collect and assess program and outcome information (data).

Evaluation Objectives - Statements of shorter-term, measurable outcomes of an evaluation.

Evaluation Plan - The systematic blueprint detailing all the evaluation aspects of the project including the database structures to manage the project data.

Evidence-based Program - As described by SAMHSA, three categories of programming that are conceptually sound, consistent, and reasonably well implemented and evaluated. The three levels include Promising Programming, Effective Programming, and Model Programming.

F

Faith Community - A community that includes religious groups or churches.

Family - Parents (or persons serving as parents) and children who are related either through biology or through assignment of guardianship, whether formally (by law) or informally, who are actively involved together in family life and who share a social network, material and emotional resources, and sources of support.

Fidelity - Replicating a program model or strategy. A program having "fidelity" should be implemented with the same specifications of the original program. Fidelity can balance with adaptations to meet local needs.

Focus Group - A representative group of people questioned together about their opinions, usually in a controlled setting. Focus groups are widely used as a method of gathering qualitative data.

Framework - A general structure supporting the development of theory.

G

Gatekeeper Model - A situation in which a primary care provider, the "gatekeeper," serves as the consumer's contact for healthcare and referrals. Also called *closed access* or *closed panel*.

General Population - Youth and adult citizens of a State rather than a specific group within the general population.

Geographic Information System (GIS) - A Geographic Information System (GIS) is software that can graphically present any type of data that is associated with a geographic reference. It can help you map substance abuse risks and prevention priority locations. A demographic data example could be average family income levels (with levels indicated by different colors) displayed on geographic area maps such as census tracts, counties, or States.

Goal - The clearly stated, specific, measurable outcome(s) or change(s) that can be reasonably expected at the conclusion of a methodically selected intervention.

Grant Funding Announcement/Application (GFA) - Federal agencies periodically describe the types of programs and projects for which they intend to award grants and publish these announcements in the *Federal Register* and other publications.

H

Health Disparities - Includes basic, clinical and social sciences studies that focus on identifying, understanding, preventing, diagnosing, and treating health conditions such as diseases, disorders, and other conditions that are unique to, more serious, or more prevalent in subpopulations in socioeconomically disadvantaged (i.e., low education level, live in poverty) and medically underserved, rural, and urban communities.

Health Education - Health education in schools can include an alcohol, tobacco, and drug educational program that teaches students about the dangers and risks associated with their use, fostering a more accurate perception of norms than they may receive from the media or peers.

Health Equity - is achieved when every person has the opportunity to "attain his or her full health potential" and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances." Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment.

Health Fair - Generally, a school or community-focused gathering, such as a carnival or bazaar, traditionally held for barter or sale of goods, often for charity. These events offer an opportunity to disseminate materials and information on substance abuse prevention and health-related issues.

Health Professionals - Individuals employed by or volunteering for health care services.

Health Promotion - A wide array of services and methods for dissemination of information intended to educate individuals, schools, families, and communities about specific substance abuse and health-related risks, risk-reduction activities, and other activities to promote positive and healthy lifestyles.

Homeless/Runaway Youth - Youth and adults who do not have a stable residence or who have fled their primary residence.

Host - In the Public Health Model, the host is the individual affected by the health problem. In the case of substance abuse, the host is the potential or active user of drugs.

Human Resources- Individuals that staff and operate an organization rather than its financial and material resources. Human resources can, and in coalition work generally do, include volunteers.

Human Services- The general study of human and social services that prepares individuals to work in public and private service agencies and organizations. Human services degrees of higher education that are accepted within the Prevention field are a Bachelor's Degree in:

(a) Applied Health Science (e.g. Community Heath, Industrial Hygiene).
(b) Communication Disorders (e.g. Audiology, Interpreting, Speech, Deaf Education).
(c) Criminal Justice.
(d) Environmental Health (e.g. Environmental Health, Health Administration, Occupational Safety and Health).
(e) Gerontology
(f) Medical Technology.
(g) Nursing.
(h) Social Work or Sociology.
(i) Kinesiology (e.g. Athletic Training, Exercise Science, Physical Education).
(j) Recreation Administration (e.g. Leisure Services, Therapeutic Recreation).
(k) Education
(l) Psychology or
(m) Another human service degree not reflected in the list to be evaluated by ADMH staff.

I

Illegal Drugs - Refers to drug use. For example, an underage person who buys or possesses alcohol, a licit drug, is doing so illegally.

Illicit - Refers to drugs themselves. All illegal drugs are illicit, but alcohol and tobacco may be either licit or illicit, depending on whether they are used legally or illegally.

Impact – The net effect observed within an outcome domain. This may also be referred to as the long-term effect.

Impact Evaluation - A type of outcome evaluation that focuses on the broad, long-term impacts or results of program activities (e.g., an impact evaluation could show that a decrease in a community's crime rate is the direct result of a program designed to provide community policing).

Impaired Driving - Impaired driving is the joint occurrence of (1) driving a vehicle and (2) having a BAC of 0.1 (0.08 in some States) or greater or being under the influence of some other psychoactive substance.

Implementation Assessment - In general, this term is used as a synonym for process evaluation. Process evaluation focuses on how a program was implemented and operates.

Implementation Plan - A plan that enables the program manager to gain control by identifying the functional and specialized requirements of the carefully chosen intervention; to pull together the team that must work together to produce a whole -- without gaps, friction, or unnecessary duplication of effort; and to identify performance expectations for each of the program components.

Incidence - A measure of the number of people (often in a defined population) who have initiated a behavior--in this case drug, alcohol, or tobacco use--during a specific period of time.

Inclusivity - an intention or policy of including people who might otherwise be excluded or marginalized, such as those who are handicapped or learning-disabled, or racial and sexual minorities.

Indicated- The Continuum of Care classification for prevention interventions focused on high-risk individuals who are identified as having minimal but detectable signs or symptoms that foreshadow behavioral health disorders, prior to the diagnosis of a disorder. The system was developed by the Institute of Medicine.

Indicator - A variable that relates directly to some part of a program goal or objective. Positive change on an indicator is presumed to indicate progress in accomplishing the larger program objective.

Individual domain- One of the spheres of influence identified by CSAP that focuses on an individual's beliefs, attitudes and actions and potential effects on substance use. Risk factors within the individual domain for substance abuse include:

(a) Lack of knowledge about the negative consequences associated with using illegal substances.
(b) Attitudes favorable toward use.
(c) Early onset of use.
(d) Biological or psychological predispositions.
(e) Antisocial behavior.
(f) Sensation seeking.
(g) Lack of adult supervision.

Information Dissemination - One (1) of six (6) prevention strategies identified by the Center for Substance Abuse Prevention (CSAP) that can be used as part of a comprehensive prevention program. This strategy provides information about drug use, abuse and addiction and the effects on individuals, families and communities. It also provides information on available prevention programs and services. Examples for this strategy include:

(a) Clearinghouses and other information resource centers.
(b) Media campaigns.
(c) Brochures and letters.
(d) Speaking engagements.
(e) Health Fairs.

Institute of Medicine Model (IOM) of "The Continuum of Care" - a classification system that presents the scope of behavioral health services that includes promotion of health, prevention of disease, treatment, and maintenance/recovery. Promotion and prevention are part of this system and includes three commonly used classifications: Universal, Selective, and Indicated.

Instrument - An ordered set of measures or a device researchers use to collect data in organized fashion, such as a standardized survey or interview protocol.

Integrity - The level of credibility of study findings based on peer consensus ratings of quality of implementation and of evaluation methods.

Intervening Variables- Factors in a community that have been identified as contributing (being strongly related and/or influence) to the occurrence of substance use problems and consequences.

Intervention - The phase along the continuum of care between prevention and treatment. Intervention is concerned with those (usually youths) who have only recently begun to experiment with substances. The policies, programs and practices used for intervention experimentation progresses to the stage at which treatment is needed.

K

Key Informant Interview - Interview with a member of, or someone who is knowledgeable about, the social phenomena you wish to study.

L

Lead Agency - The organization responsible for fiscal management and performance accountability.

Licit Drugs - Drugs that are legal to use, such as medicines and alcohol and tobacco. Note that it is possible to misuse a licit drug, as occurs with some prescription drugs and when tobacco and alcohol are used by underage persons.

Lobbying- The practice of trying to persuade legislators to propose, pass, or defeat legislation or to change existing laws.

Logic Model - A graphic depiction of the components of a theory, program, initiative, or activity; shows the program's components and plausible linkages between the program components.

Long-term Outcomes - The change(s) that result from the program or intervention over time.

M

Mainstream – The ideas, attitudes, or activities that are shared by most people and regarded as normal or conventional.

Measure - An assessment item or ordered set of items (see Outcome Measure and Process Measure). Measures are the tools used to obtain the information or evidence needed to answer a research question. They are similar to indicators, but more concrete and specific. Often an indicator will have multiple measures. Indicators are statements about what will be measured; measures answer the question exactly how it will be measured.

Media - All the means of communication as newspapers, radio, TV that provide the public with news, entertainment, etc., usually along with advertising.

Media Advocacy - The use of television, radio, print or other mediums to influence community norms and policies. Traditionally, the role of media in prevention has been to increase general

awareness about substance abuse and related problems in an attempt to change individual behavior regarding alcohol, tobacco and other drug use.

Media Campaigns - The use of television, radio, educational materials, websites and other publications to reach parents and youth. This is a multi-dimensional approach to educate and empower youth to reject substance use.

Medial literacy – The training and education of people to be able to critically analyze alcohol and tobacco messages seen via television, websites, movies, print and other entertainment mediums in order to gain an understanding of how companies may market alcohol and tobacco products.
Mentoring – Exposing youth to positive adult role models and encourages high academic and professional standards. Activities may include tutoring, recreational activities, attending sporting or cultural events, and performing community service.

Methodology - A procedure for collecting and analyzing data.

Milestone- A significant point of achievement or development which describes progress toward a goal.

Misuse - Occurs when people of legal age use legal substances in a harmful way.

Mobilization - The process of bringing together and putting into action volunteers, community stakeholders, staff, and/or other resources in support of one or more prevention initiatives.

Model Program - In CSAP's terminology, model programs have all of the positive characteristics of effective programs with the added benefit that program developers have agreed to participate in CSAP-sponsored training, technical assistance, and dissemination efforts.

Morbidity - Any subjective or objective departure from a state of physiological or psychological well-being. (Sickness, illness, and morbid condition are synonyms in this sense.); an actuarial determination of the incidence and severity of sicknesses and accidents in a well-defined class or classes of persons.

Mortality - An actuarial determination of the death rate at each age as determined from prior experience.

Memorandum of Understanding (MOU) and/or Memorandum of Agreement (MOA) - A Memorandum of Understanding, most commonly encountered, resembles a list of contractual terms that two parties have negotiated; maybe signed, but may expressly state that it is not enforceable. A Memorandum of Agreement is frequently encountered and may overlap the meaning of an MOU, but is more likely a summary of an actual contractual agreement, more likely to be final and enforceable, or evidence that a contract was formed; but not the actual contract itself. Whether either one of these is enforceable as a contract depends upon its substance, not its label.

Multicultural - Intended for or about two or more distinctive cultures.

N

National Outcome Measures (NOMS) – The Substance Abuse Mental Health Service Administration (SAMHSA) has collaborated with states in an effort to measure the outcomes for clients in all SAMHSA funded programs with the goal of using information to improve services for communities.

Needs assessment – A tool used to understand the nature and extent of a health or social problem in a community with the intent to respond appropriately to programmatic, policy and budgetary decisions. Needs assessments are research-based to permit planning, programming and resource expenditure guided by data rather than subjective judgments or political consideration.

Non-quantifiable - Costs, such as social costs, which cannot be measured. Sometimes ad hoc methods are used to put estimates on non-quantifiable costs, rather than leave them out of the evaluation altogether.

Norms – The conduct or typical way of behaving for a certain group or community.

Number of Units - The number of prevention items counted, disseminated, or developed (e.g., number of brochures). It is not the number of participants, attendees, unit costs, or units of time such as hours.

O

Objectives – To identify what is to be accomplished during a specific period to move toward achievement of a goal.

Outcome Evaluation - The systematic assessment of the results or effectiveness of a program or activity; a type of evaluation used to identify the results of a program's effort. It seeks to answer the question, "What difference did the program make?" It yields evidence about the effects of a program after a specified period of operation.

Outcome Measures - Assessments that gauge the effect or results of services provided to a defined population. Outcomes measures include the consumers' perception of restoration of function, quality of life, and functional status, as well as objective measures of mortality, morbidity, and health status.

Outcomes - A short-term or long-term measure of changes in substance use and its consequences related to the implementation of a prevention program.

P

Parenting/Family Management Services - Structured classes and programs intended to assist parents and families in addressing substance abuse risk factors, implementing protective factors, and learning about the effects of substance abuse on individuals and families.

Participant - An individual formally enrolled or registered in a recurring prevention service. Demographic data (age, race/ethnicity, and gender) are collected for participants.

Partnerships – Groups or organizations that work together on specific issues or projects.

Peer Leader/Helper Programs - Structured, recurring prevention services that utilize peers (people of the same rank, ability or standing) to provide guidance, support, and other risk reduction activities for youth or adults.

Policy- A governing principle pertaining to goals, objectives, and/or activities; a decision on an issue not resolved on the basis of facts and logic only. For example, the policy of expediting drug cases in the courts might be adopted as a basis for reducing the average number of days from arraignment to disposition.

Post-test - The test administered at the end of the data gathering sequence of an evaluation; usually after the program or activity being evaluated has been completed.

Practice- A customary way of operation or behavior

Precipitating Factors - Conditions or events that prompt or facilitate another condition or event.

Predictive - One variable is considered to be predictive of another if there is a systematic relationship between the two. However, the fact that there is a relationship does not mean that one thing causes the other.

Pretest - The collection of measurements before an intervention to assess its effects.

Prevalence - The number of instances of a given disease or other condition in a given population at a designated time; in general, epidemiological terms, the number of new plus old cases existing at or during a specified time.

Prevention - A proactive process that empowers individuals and systems to meet the challenges of life events and transitions by creating and reinforcing conditions that promote healthy behaviors and lifestyles. The goal of substance abuse prevention is to foster a climate where:

(a) Alcohol use is acceptable only for those of legal age and when the risk of adverse consequences is minimal.

(b) Prescription and over-the-counter drugs are used for the medical purposes for which they were intended.

(c) Other substances that may be abused (e.g. aerosols, paint thinners, glue) are used for their intended purposes.

(d) Illegal drugs and tobacco are not used at all.

Prevention Assessment and Referral Services - Refers to those activities intended to provide a risk screening, assessment, and referral to prevention service populations for placement in prevention or other appropriate services.

Prevention Strategies - The SAPT Block Grant regulations require that each State receiving a block grant adopt a comprehensive prevention program that includes a broad array of prevention strategies for individuals not identified to be in treatment. These strategies (defined separately in this glossary) include information dissemination, education, alternatives, problem identification and referral, community-based process, and environmental approaches.

Prevention/Treatment Professionals - Individuals employed as substance abuse prevention or treatment professionals, e.g., counselors, therapists, prevention professionals, clinicians, prevention or treatment supervisors, and agency directors.

Principles of Effectiveness (U.S. Department of Education) - According to the Department of Education, to ensure that recipients of Title IV funds use those funds in ways that preserve State and local flexibility and are most likely to reduce drug use and violence among youth, a recipient shall **(1)** base its programs on a thorough assessment of objective data about the drug and violence problems in the schools and communities served; **(2)** with the assistance of a local or regional advisory council where required by the SDFSCA, establish a set of measurable goals and objectives and design its programs to meet those goals and objectives; **(3)** design and implement its programs for youth based on research or evaluation that provides evidence that the programs used prevent or reduce drug use, violence, or disruptive behavior among youth; and **(4)** evaluate its programs periodically to assess its progress toward achieving its goals and objectives; use its evaluation results to refine, improve, and strengthen its program; and to refine its goals and objectives as appropriate.

Problem Identification and Referral strategy - One (1) of six (6) prevention strategies identified by the Center for Substance Abuse Prevention (CSAP) that can be used as part of a comprehensive prevention program. This strategy aims to identify those who have indulged in the use of illicit drugs or underage use of tobacco and alcohol in order to determine whether their behavior can be reversed through education. This strategy does not include any activity designed to determine whether an individual is in need of treatment. An example of an activity for this strategy is the development of a student assistance program.

Process Evaluation - Process evaluation focuses on how a program was implemented and operates. It identifies the procedures undertaken and the decisions made in developing the program. It describes how the program operates, the services it delivers, and the functions it carries out. It addresses whether the program was implemented and is providing services as intended. However, by additionally documenting the program's development and operation, it allows an assessment of the reasons for successful or unsuccessful performance and provides information for potential replication.

Process Measures - Measures of participation, "dosage," staffing, and other factors related to implementation. Process measures are *not* outcomes, because they describe events that are inputs to the delivery of an intervention.

Program evaluation - The systemic collection and analysis of data needed to make informed decisions about a specific program or intervention.

Promising Program - The first of three categories of science-based programs on a continuum, that concludes with model programs. Promising programs are those that have been reasonably well evaluated, but the positive findings are not yet consistent enough or the evaluation not yet rigorous enough, for the program to qualify as an effective program. CSAP's hope is that promising programs, through additional refinement and evaluation, will evolve into effective and model programs.

Protective Factors - Factors that may prevent substance use, particularly among youth in vulnerable environments. Examples include norms against drug use and social skills to resist drug use.

Provider (Participating Provider) - Individuals and/or organizations that directly deliver prevention, treatment, and maintenance services to consumers within the defined plan.

Provider ID - The identification number or code of a specific prevention agency or organization.

Public Health Model of Prevention - This model can be illustrated by a triangle, with the three angles representing the agent, the host, and the environment. (The **agent** is the substance, the **host** is the individual using the substance, and the **environmen**t is the social and physical context of use.) A public health model, using the science of epidemiology, stresses that problems arise through the relationships and interactions among host, agent, and environment. Primary prevention is the focus of CSAP.

Public Policy Efforts - Activities intended to reflect efforts to change public policy about ATOD and to provide a community standard in the management of underage drinking and smoking and related behaviors.

Q

Qualitative Data - Qualitative data is information that is difficult to measure, count, or express in numerical terms (for example, the nature of relationships among various groups in a community). These types of data are used in research involving detailed, verbal descriptions of characteristics, cases, and settings. Qualitative research typically uses observation, interviewing, and document review to collect data. The strength of qualitative data is their ability to illuminate evaluation findings derived from quantitative methods.

Quality Assurance (QA) - A formal set of measures, requirements, and tasks to monitor the level of care being provided; such programs include peer or utilization review components to identify and remedy deficiencies in quality. The program must have a mechanism for assessing effectiveness and may measure care against pre-established standards.

Quality of Care - The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.

Quantitative Data - Quantitative data is information that can be expressed in numerical terms, counted, or compared on a scale. In evaluation studies, quantitative data includes measures that capture changes in targeted outcomes (e.g., substance use) and intervening variables (e.g., attitudes toward substance use). The strength of quantitative data is their use in testing hypotheses and determining the strength and direction of effects.

R

Race - A socially defined population based on visible, genetically transmitted physical characteristics.

Recurring Prevention Service - A prevention service provided to a fixed group of people at risk for substance use or abuse, which is enrolled for a fixed period of time in a planned sequence of activities. The activities, through the practice or application of recognized prevention strategies, are intended to inform, educate, develop skills, alter risk behaviors, deliver services, and/or provide referrals to other services.

Recurring Service Session Number - An incremental number denoting the session number of a recurring prevention service (01 for the first session, 02 for the second session). For single prevention services, the number in this field will always be 00 (zeroes).

Reliability - The consistency of a measurement, measurement instrument, form, or observation over time. The consistency of results (similar results over time) with similar populations, or under similar conditions, confirms the reliability of a measure.

Representative Sample - A segment of a larger body or population that mirrors the characteristics of the larger body or population.

Research- A systematic study or investigation of a field of knowledge to discover or establish facts or principles

Resilience - Refers to the ability of an individual to cope with or overcome the negative effects of risk factors or to "bounce back" from a problem. This capability develops and changes over time, is enhanced by protective factors, and contributes to the maintenance or enhancement of health.

Resistance Skills Training - Resistance skills training programs are designed to increase the ability of youth to withstand the pressure of temptation to use alcohol, tobacco, or drugs.

Resource - Social, fiscal, recreational, and other community support that presently target substance abuse prevention and/or reduction.

Resource development – The enhancement of existing resources and the creation of new resources to facilitate community coalitions, educate the community about public health initiatives and collect, analyze and organize public health data.

Risk Factor - An exposure that is statistically related in some way to an outcome.

S

School Survey - Using a specially designed instrument, to collect information relevant to school administration, student attitudes and behavior, and/or student performance.

School-Based Prevention - Schools as a venue for prevention programs; as the Department of Education ensures that schools include substance abuse prevention. School-based prevention can be sustained over a long period of time (theoretically throughout most of a child's developmental stages); it is given to a more or less "captive audience".

Science-Based Prevention - "Science-based" refers to a process in which experts use commonly agreed-upon criteria for rating research interventions and come to a consensus that evaluation research findings are credible and can be substantiated. From this process, a set of effective principles, strategies, and model programs can be derived to guide prevention efforts. This process is sometimes referred to as research- or evidence-based.

Science-Based Program - A program that is theory-driven, has activities related to theory, and has been reasonably well implemented and well evaluated.

Screening - A clinical screening is a preliminary gathering and sorting of information used to determine whether an individual has a problem with AOD abuse, and if so, whether a detailed clinical assessment is appropriate.

Selective – The Continuum of Care classification for prevention interventions focused on individuals or subgroups of the population whose risk of developing behavioral health disorders is significantly higher than average.

Self-Efficacy - Confidence in one's ability to do a particular behavior. This factor is a component of the social learning/social cognitive theory.

Single State Agency/Authority (for substance abuse treatment and prevention) - Each State has a designated agency for substance abuse treatment and prevention that is the recipient of Federal block grant (see SAPT block grant, above) funds. These agencies may be free-standing entities or bureaus of the State's department of health and human services. They may also be part of the office of the governor.

Skills Building - Skills building programs in schools are designed to increase life skills, including social and academic abilities. Curriculum topics may include such areas as stress management, self-esteem, problem solving, social networks, and peer resistance.

Small Group Sessions - Provision of educational services to youth or adults in groups of not more than 16 members. Examples are substance abuse education groups, short-term education groups, youth education groups, parent education groups, business education groups, and church education groups.

Social Bonding - Social bonding is a protective factor for youth. Studies show that young people who establish a bond with societal norms and standards are less likely to develop substance abuse problems. Youth who are bonded have a stake in their society and good reasons not to abuse substances.

Social Development Model - A model that seeks to explain behaviors-which are themselves risk factors for substance abuse-by specifying the socialization process (the interaction of developmental mechanisms carried out through relationships with family, school, and peers) that predicts such behavior.

Social Indicator - A measure of a social issue that has been tracked over time; social indicators are often used to document levels of community and group risk, and to serve as proxies for the existence of social problems, such as substance use/abuse.

Social Learning / Social Cognitive Theory - Suggests that people learn not only through their own experiences, but also through the environment, by observing others, or being influenced by peer norms. Some of the main concepts include reciprocal determinism, observational learning, self-efficacy, reinforcement, and behavior capability. This interpersonal-level theory pays close attention to the relations between persons and how this may affect their behavior.

Social Marketing - Using commercial marketing techniques to develop, implement, and evaluate programs designed to influence the behavior of a target audience. Social marketing integrates health communication theory into research and practice. The six-stage process includes planning, channel selection, materials development, implementation, effectiveness evaluation, and revision. Social marketing often relies on the use of mass media.

Social Networks - Set of relationships among individuals within a person's web of social ties. The structure of social networks can be described in terms of interpersonal and inter-relational characteristics within the network of people and their interactions. Social networks are characterized by size and density; frequency of interaction and reciprocity; affective support, instrumental support, and social outreach.

Social Planning - This community change model is another component of the community organization model. Social planning creates specific task goals and objectives developed by community members with expert assistance in order to engage in problem solving within the community.

Social Resources- Relationships with stakeholders inside and surrounding a community that enables service to an important niche in a community's "ecology" as it relates to substance abuse.

Social Support - The functional content of relationships that can be categorized along four types of supportive behaviors: emotional support, instrumental support, informational support, and appraisal support. *Emotional* support is empathy, love, trust, and caring expressed to the person in need. *Instrumental* support is tangible aid and services that assist a person in need. *Informational* support is advice, suggestions, and information that can be used to address problems. *Appraisal* support is

information that can be used for self-evaluation, such as feedback, affirmation, and social comparison.

Socio-demographic Factors - Social trends, influences, or population characteristics that affect risks, attitudes, or behaviors related to substance abuse. Such factors can have an indirect but powerful influence.

Stakeholders - All members of the community who have a vested interest (a stake) in the activities or outcomes of a substance abuse intervention. Typical stakeholders include consumers of prevention services, community partners, staff, board members, volunteers, sister agencies and funding sources.

State Alcohol and Drug Agency - The State agency designated as the Single State Agency/Authority for the management of Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant funds, including the 20 percent required minimum set-aside for primary prevention.

Standardized Instruments - Assessments, inventories, questionnaires, or interviews tested with a large number of individuals and is designed to be administered to program participants in a consistent manner. Results of tests with program participants can be compared to reported results of the tests used with other groups.

State Incentive Grants (SIGs) – Grants awarded to governors of states with an emphasis on collaboration; forming prevention councils and statewide advisory committees to advise them on how to allocate prevention dollars. As a result of the SIG program's emphasis states are beginning to regard substance abuse prevention from a broader, systems standpoint. By consensus, SIG States have developed a comprehensive evaluation framework, identified common measures, and selected standardized instruments to be used across sites. CSAP has awarded 21 of these grants, also called Targeted Prevention Capacity grants.

Strategic Prevention Framework (SPF) - A five-step process of planning to create a framework that promotes assets building to achieve goals. The framework steps include assessment, capacity, planning, implementation and evaluation. The framework was developed by SAMHSA (Substance Abuse and Mental Health Services Administration).

Strategy- A plan of action that identifies the overarching approach of how to achieve intended results.

Student Assistance Programs - Structured prevention programs intended to provide substance abuse information for students whose substance abuse may be interfering with their school performance. Examples are early identification of student problems, referral to designated helpers, follow-up services, in-school services (e.g., support groups), screening for referral, referral to outside agencies, and school policy development.

Subcontractor- Anyone who performs a service for pay under the auspices of the direct contractor with the Division of Mental Health and Substance Abuse Services. The provider can subcontract up

to 10% of the budget amount without prior approval. The Division of Mental Health and Substance Abuse Services must approve amount greater than 10%.

Substance misuse- refers to the use of psychoactive substances in a way that is harmful or hazardous to health. This includes alcohol and illicit drugs. The use of such substances can lead to dependency where cognitive, behavioral and physiological problems develop which results in a strong desire to take the drug, difficulties in controlling use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state. (WHO, 2017)

Substance use- The general consumption of alcohol, tobacco or other drugs.

Substance Use Disorder –A problematic pattern of using alcohol or another substance that results in impairment in daily life or noticeable distress.

Supervised practical experience: The direct observation of a staff member completing work duties that includes providing feedback to increase their knowledge and assist with their development. Experience gained while working towards the completion of personnel requirements. Experience is gained under the supervision of someone that has a master's in a human service related field and two (2) years' work experience in substance abuse treatment or prevention of that is a Certified Prevention Specialist or a Certified Prevention Manager by an independent certification board offering a credential approved by the Alabama Department of Mental Health (ADMH).

Sustainability - The likelihood of a program to continue over a period of time, especially after grant monies disappear.

Synar Amendment - The SAMHSA regulation requires the State to have in effect a law prohibiting any manufacturer, retailer, or distributor of tobacco products from selling or distributing such products to any individual under the age of 18; enforce such laws in a manner that can reasonably be expected to reduce the extent to which tobacco products are available to individuals under the age of 18; conduct annual random, unannounced inspections in such a way as to provide a valid sample of outlets accessible to youth; and develop a strategy and timeframe for achieving an inspection failure rate of less than 20 percent of outlets accessible to youth.

T

Target Population - A group of people, usually those at high risk, who may have specific programs, practices and policies targeted to reach them in order to prevent substance use.

Targeted Message - A message designed to appeal to a specific group or subset of the general market. Target audiences may be based on race, ethnicity, age, gender, income level, occupation, health, behavior, or a combination of these or other factors.

Technical Assistance (TA) - Services provided by professional prevention staff intended to provide technical guidance to prevention programs, community organizations, and individuals to conduct,

strengthen, or enhance activities that will promote prevention. Services recorded under this service type code should be viable technical assistance that will lead to a final product.
Technical Capacity - Specialized skills or specific expertise required for program implementation and sustainability.

Theory of Change- A premise that creates a commonly understood vision of a problem being addressed, and the evidenced-based strategies proven to address the problem

Tip Line – A confidential call-in phone line available to share anything about a crime, a planned crime, or suspicious activity.

Training- An organized array of services and interventions with a primary focus on curing or treating specific disorders or conditions, providing both acute stabilization and ongoing therapy.

Treatment – An organized array of services and interventions with a primary focus on curing or treating specific disorders or conditions, providing both acute stabilization and ongoing therapy.

U

Underage Drinking - Underage drinking occurs when anyone under age 21 drinks alcohol in any amount or form.

Underlying Factors - Behaviors, attitudes, conditions, or events that cause, influence, or predispose an individual to resist or become involved in problem behavior, in this case, substance abuse. See also "Risk and Protective Factors".

Universal – The Continuum of Care classification for prevention interventions focused on the general public or a population subgroup that have not been identified on the basis of risk.

V

Validity - The extent to which a measure of a particular construct/concept actually measures what it purports to measure.

Vision Statement- A statement that captures as concisely as possible, what a group is striving to do. This statement should be realistic and credible, well-articulated and easily understood, appropriate, ambitious, and responsive to change.

Vulnerable Populations - Refers to children, elderly persons, and persons with disabilities.

W

Wellness Program - Programs typically oriented toward healthy lifestyle and preventive care that may decrease healthcare utilization and costs.

Workplace Prevention - Preliminary information and prevention materials to promote health in the workplace, improve attitudes and behavior related to health, including substance abuse prevention.

Wraparound Services - Services that address consumers' total healthcare needs in order to achieve health or wellness. These services "wrap around" core clinical interventions, usually medical. Typical examples include such services as financial support, transportation, housing, job training, specialized treatment, or educational support.

Common Acronyms

Please note this list is not exhaustive and only includes some of the most common acronyms

AA – Alcoholics Anonymous

AADAA – Alabama Alcohol and Drug Abuse Association

ACoA – Adult Children of Alcoholics

AEOW – Alabama Epidemiological Outcomes Workgroup

AIDS- Acquired Immunodeficiency Syndrome

ADMH – Alabama Department of Mental Health

ALEA – Alabama Law Enforcement Agency

ALSDE – Alabama State Department of Education

AMA- American Medical Association

AMERSA – Association for Multidisciplinary Education and Research in Substance use and Addiction

AMHCA – American Mental Health Counselors Association

AMSAODD – American Medical Society on Alcoholism and Other Drug Dependencies

APHA – American Public Health Association

APS – Alabama Prevention Specialist

ASADS - Alabama School of Alcohol and Other Drug Studies

ASAIS – Alabama Substance Abuse Information System

ASAM – American Society of Addiction Medicine, Inc.

ATF- Bureau of Alcohol, Tobacco, Firearms and Explosives

ATOD – Alcohol, Tobacco and Other Drugs

BAC – Blood Alcohol Content

BRFSS – Behavior Risk Factor Surveillance System

CADCA – Community Anti-Drug Coalitions of America

CBO – Community Based Organization

CDC- Center for Disease Control

CPS – Certified Prevention Specialist

CPM – Certified Prevention Manager

CSAT – Center for Substance Abuse Treatment

DD – Developmental Disabilities

DDRP – Drug Demand Reduction Program

DEA – Drug Enforcement Administration

DFC – Drug-Free Communities

DOD – Department of Defense

DOT – Department of Transportation

DUI – Driving Under the Influence

DWI – Driving While Intoxicated

EAP – Employee Assistance Programs

EBP – Evidence based programs, policies, practices

EUDL – Enforcing the Underage Drinking Laws

FASD- Fetal Alcohol Spectrum Disorder

FBI- Federal Bureau of Investigations

FDA – Food and Drug Administration

HIDTA – High Intensity Drug Trafficking Areas

HIV- Human Immunodeficiency Virus

HUD – Department of Housing and Urban Development

HHS- U.S. Department of Health and Human Services

IC&RC – International Certification and Reciprocity Consortium

ID- Intellectual Disabilities

IOM – Institute of Medicine

IRB- Institutional Review Board

MADD – Mothers Against Drunk Driving

MAO – Medical Advocacy and Outreach

MH – Mental Health

NAADAC – National Association for Alcoholism and Drug Abuse Counselors

NARMH – National Association for Rural Mental Health

NASADAD – National Association of State Alcohol and Drug Abuse Directors

NASMHPD – National Association of State Mental Health Program Directors

NCADD – National Council on Alcoholism and Drug Dependence

NCPC – National Crime Prevention Council

NCJA – National Criminal Justice Association

NHTSA – National Highway Traffic Safety Administration

NIAA – National Institute on Drug Abuse

NIH – National Institute of Health

NOMS – National Outcome Measure

NPN – National Prevention Network

NRHA – National Rural Health Association

NSDUH- National Survey on Drug use and Health

N-SSATS- National Survey on Substance Abuse Treatment Services

OJP – Office of Justice Programs

OJJDP – Office of Juvenile and Delinquency Prevention

ONDCP- Office of National Drug Control Policy

PPP – Primary Prevention Program

PSA – Public Service Announcement

RADAR – Regional Alcohol and Drug Awareness Resource Network

RFA – Request for Approval

RFP – Request for Proposals

ROI – Return on Investments

RSVP – Retired Senior Volunteer Program

SA – Substance Abuse

SADD – Students Against Driving Drunk

SAPST – Substance Abuse Prevention Skills Training

SAPT – Substance Abuse Prevention and Treatment

SAMHSA- Substance Abuse and Mental Health Services Administration

SBIRT- Screening, Brief Intervention, and Referral to Treatment

SDFSCA- Safe and Drug Free Schools and Communities Act

SEOW – State Epidemiological Outcomes Workgroup

SFY – State Fiscal Year

SPF – Strategic Prevention Framework

SSA – Single State Agency

SUD – Substance Use Disorder

TEDS – Treatment Episode Data Set

UDETC – Underage Drinking Enforcement Training Center

UDL – Underage Drinking Laws

YRBS – Youth Risk Behavior Surveillance System

National Institute on Drug Abuse
Advancing Addiction Science

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Table 7.1 Commonly Used Drugs Charts

Many drugs can alter a person's thinking and judgment, and can lead to health risks, including addiction, drugged driving, infectious disease, and adverse effects on pregnancy. Information on commonly used drugs with the potential for misuse or addiction can be found here.

On This Page:

For information about treatment options for substance use disorders, see NIDA's Treatment pages. For drug use trends, see our Trends and Statistics page. For the most up-to-date slang terms, please see Slang Terms and Code Words: A Reference for Law Enforcement Personnel (DEA, PDF, 1MB).

Alcohol

People drink to socialize, celebrate, and relax. Alcohol often has a strong effect on people—and throughout history, people have struggled to understand and manage alcohol's power. Why does alcohol cause people to act and feel differently? How much is too much? Why do some people become addicted while others do not? The National Institute on Alcohol Abuse and Alcoholism is researching the answers to these and many other questions about alcohol. Here's what is known:

Alcohol's effects vary from person to person, depending on a variety of factors, including:

- How much you drink
- How often you drink
- Your age
- Your health status
- Your family history

While drinking alcohol is itself not necessarily a problem—drinking too much can cause a range of consequences, and increase your risk for a variety of problems.

For more information on alcohol's effects on the body, please see the National Institute on Alcohol Abuse and Alcoholism's (NIAAA's) related web page describing alcohol's effects on the body. NIAAA also has some information about mixing alcohol with certain medicines. ^ Back to top

Ayahuasca

A tea made in the Amazon from a plant (*Psychotria viridis*) containing the hallucinogen DMT, along with another vine (*Banisteriopsis caapi*) that contains an MAO inhibitor preventing the natural breakdown of DMT in the digestive system, which enhances serotonergic activity. It was used historically in Amazonian religious and healing rituals. For more information, see the Hallucinogens and Dissociative Drugs Research Report.

Common Names	Commercial Names	Common Forms	Common Ways Taken	DEA Schedule
Aya, Hoasca, Vine, Yagé	No commercial uses	Brewed as tea	Swallowed as tea	DMT is Schedule I**, but plants containing it are not controlled
Possible Health Effects				
Short-term	Strong hallucinations including altered visual and auditory perceptions; increased heart rate and blood pressure; nausea; burning sensation in the stomach; tingling sensations and increased skin sensitivity.			
Long-term	Possible changes to the serotoninergic and immune systems, although more research is needed.			
Other Health-related Issues	Unknown.			
In Combination with Alcohol	Unknown.			
Withdrawal Symptoms	Unknown.			
Treatment Options				
Medications	It is not known whether ayahuasca is addictive. There are no FDA-approved medications to treat addiction to ayahuasca or other hallucinogens.			
Behavioral Therapies	More research is needed to find out if ayahuasca is addictive and, if so, whether behavioral therapies are effective.			

Central Nervous System Depressants

Medications that slow brain activity, which makes them useful for treating anxiety and sleep problems. For more information, see the Misuse of Prescription Drugs Research Report.

Common Names	Commercial Names	Common Forms	Common Ways Taken	DEA Schedule
Barbs, Dolls, Phennies, Red/BlueBirds, Tooties, Yellow Jackets, Yellows	Barbiturates: pentobarbital (Nembutal®)	Pill, capsule, liquid	Swallowed, injected	II, III, IV
Benzos, Downers, Poles, Tranks, Totem Z-Bars, Vs, Yellow/Blue Zs, Zannies	Benzodiazepines: alprazolam (Xanax®), chlorodiazepoxide (Librium®), diazepam (Valium®), lorazepam (Ativan®), triazolam (Halicon®)	Pill, capsule, liquid	Swallowed, snorted	IV
Forget-me pill, Looney Bar, R2, Roche, Tic-Tacs, Sleepeasy, Symphony, Zombie flip	Sleep Medications: eszopiclone (Lunesta®), zaleplon (Sonata®), zolpidem (Ambien®)	Pill, capsule, liquid	Swallowed, snorted	IV

Possible Health Effects	
Short-term	Drowsiness, slurred speech, poor concentration, confusion, dizziness, problems with movement and memory, lowered blood pressure, slowed breathing.
Long-term	Unknown.
Other Health-related Issues	Sleep medications are sometimes used as date rape drugs. Risk of HIV, hepatitis, and other infectious diseases from shared needles.
In Combination with Alcohol	Further slows heart rate and breathing, which can lead to death.
Withdrawal Symptoms	Must be discussed with a health care provider; barbiturate withdrawal can cause a serious abstinence syndrome that may even include seizures.
Treatment Options	
Medications	There are no FDA-approved medications to treat addiction to prescription sedatives; lowering the dose over time must be done with the help of a health care provider.
Behavioral Therapies	More research is needed to find out if behavioral therapies can be used to treat addiction to prescription sedatives.

Cocaine

A powerfully addictive stimulant drug made from the leaves of the coca plant native to South America. For more information, see the Cocaine Research Report.

Common Names	Commercial Names	Common Forms	Common Ways Taken	DEA Schedule
Blow, Bump, C, Coke, Crack, Dust, Flake, Nose Candy, Rock, Snow, Sneeze, Sniff, Toot, White Rock *With heroin:* Speedball	*Cocaine hydrochloride* topical solution (low dose anesthetic used in certain medical procedures)	White powder, whitish rock crystal	Snorted, smoked, injected	II**

Possible Health Effects	
Short-term	Narrowed blood vessels; enlarged pupils; increased body temperature, heart rate, and blood pressure; headache; abdominal pain and nausea; euphoria; increased energy, alertness; insomnia, restlessness; anxiety; erratic and violent behavior, panic attacks, paranoia, psychosis; heart rhythm problems, heart attack; stroke, seizure, coma.
Long-term	Loss of sense of smell, nosebleeds, nasal damage and trouble swallowing from snorting; infection and death of bowel tissue from decreased blood flow; poor nutrition and weight loss; lung damage from smoking.
Other Healthrelated Issues	Pregnancy: premature delivery, low birth weight, deficits in self-regulation and attention in school-aged children prenatally exposed. Risk of HIV, hepatitis, and other infectious diseases from shared needles.
In Combination with Alcohol	Greater risk of cardiac toxicity than from either drug alone.
Withdrawal Symptoms	Depression, tiredness, increased appetite, insomnia, vivid unpleasant dreams, slowed thinking and movement, restlessness.
Treatment Options	
Medications	There are no FDA-approved medications to treat cocaine addiction.
Behavioral Therapies	■ Cognitive-behavioral therapy (CBT) ■ Contingency management, or motivational incentives, including vouchers ■ The Matrix Model ■ Community-based recovery groups, such as 12-Step programs ■ Mobile medical application: reSET®

DMT

Dimethyltriptamine (DMT) is a synthetic drug that produces intense but relatively short-lived hallucinogenic experiences; it is also found naturally in some South American plants (see Ayahuasca). For more information, see the Hallucinogens and Dissociative Drugs Research Report.

Common Names	Commercial Names	Common Forms	Common Ways Taken	DEA Schedule
Businessman's Special, DMT, Dimitri	No commercial uses	White or yellow crystalline powder	Smoked, injected	I**
Possible Health Effects				
Short-term	Intense visual hallucinations, depersonalization, auditory distortions, and an altered perception of time and body image, usually peaking in about 30 minutes when drank as tea. Physical effects include hypertension, increased heart rate, agitation, seizures, dilated pupils.			
Long-term	Unknown.			
Other Healthrelated Issues	At high doses, cardiac and respiratory arrest have occurred.			
In Combination with Alcohol	Unknown.			
Withdrawal Symptoms	Unknown.			
Treatment Options				
Medications	It is not known whether DMT is addictive. There are no FDA-approved medications to treat addiction to DMT or other hallucinogens.			
Behavioral Therapies	More research is needed to find out if DMT is addictive and, if so, whether behavioral therapies are effective.			

GHB

Gamma-hydroxybutyrate (GHB) is a depressant approved for use in the treatment of narcolepsy, a disorder that causes daytime "sleep attacks".

Common Names	Commercial Names	Common Forms	Common Ways Taken	DEA Schedule
G, Gamma-oh, GEEB, Gina, Goop, Grievous Bodily Harm, Liquid Ecstasy, Liquid X, Scoop, Soap	Gamma-hydroxybutyrate or sodium oxybate (Xyrem®)	Colorless liquid, white powder	Swallowed (often combined with alcohol or other beverages)	I**
Possible Health Effects				
Short-term	Euphoria, drowsiness, nausea, vomiting, confusion, memory loss, unconsciousness, slowed heart rate and breathing, lower body temperature, seizures, coma, death.			
Long-term	Unknown.			
Other Health-related Issues	Sometimes used as a date rape drug.			
In Combination with Alcohol	Nausea, problems with breathing, greatly increased depressant effects.			
Withdrawal Symptoms	Insomnia, anxiety, tremors, sweating, increased heart rate and blood pressure, psychotic thoughts.			
Treatment Options				
Medications	Benzodiazepines.			
Behavioral Therapies	More research is needed to find out if behavioral therapies can be used to treat GHB addiction.			

Hallucinogens

Drugs that cause profound distortions in a person's perceptions of reality, such as ketamine, LSD, mescaline (peyote), PCP, psilocybin, salvia, DMT, and ayahuasca. For more information, see the Hallucinogens and Dissociative Drugs Research Report. ^ Back to top

Heroin

An opioid drug made from morphine, a natural substance extracted from the seed pod of various opium poppy plants. For more information, see the Heroin Research Report.

Common Names	Commercial Names	Common Forms	Common Ways Taken	DEA Schedule
Brown sugar, Chiva Dope, H, Horse, Junk, Skag, Skunk, Smack, White Horse *With OTC nighttime cold medicine*: Cheese *With Marijuana:* A-Bomb	No commercial uses	White or brownish powder, or black sticky substance known as "black tar heroin"	Injected, smoked, snorted	I**

Possible Health Effects	
Short-term	Euphoria; dry mouth; itching; nausea; vomiting; analgesia; slowed breathing and heart rate.
Long-term	Collapsed veins; abscesses (swollen tissue with pus); infection of the lining and valves in the heart; constipation and stomach cramps; liver or kidney disease; pneumonia.
Other Health-related Issues	Pregnancy: miscarriage, low birth weight, neonatal abstinence syndrome. Risk of HIV, hepatitis, and other infectious diseases from shared needles.
In Combination with Alcohol	Dangerous slowdown of heart rate and breathing, coma, death.
Withdrawal Symptoms	Restlessness, muscle and bone pain, insomnia, diarrhea, vomiting, cold flashes with goose bumps ("cold turkey").
Treatment Options	
Medications	■ Methadone ■ Buprenorphine ■ Naltrexone (short- and long-acting forms)

Behavioral Therapies	■ Contingency management, or motivational incentives ■ 12-Step facilitation therapy ■ Mobile medical application: reSET-O™ used in conjunction with treatment that includes buprenorphine and contingency management

Inhalants

Solvents, aerosols, and gases found in household products such as spray paints, markers, glues, and cleaning fluids; also prescription nitrites. For more information, see the Inhalants Research Report.

Common Names	Commercial Names	Common Forms	Common Ways Taken	DEA Schedule
Air blast, Aimies, Bullets, Laughing gas, Moon gas, Oz, Poppers, Snappers, Snotballs, Toilet Water, Whippets, Whiteout	Various household products *Amyl nitrite* (a prescription solution) is used to relieve pain of angina attacks (chest pain).	Paint thinners or removers, degreasers, dry-cleaning fluids, gasoline, lighter fluids, correction fluids, permanent markers, electronics cleaners and freeze sprays, glue, spray paint, hair or deodorant sprays, fabric protector sprays, aerosol computer cleaning products, vegetable oil sprays, butane lighters, propane tanks, whipped cream aerosol containers, refrigerant gases, ether, chloroform, halothane, nitrous oxide, prescription nitrites	Inhaled through the nose or mouth	Not scheduled

Possible Health Effects	
Short-term	Confusion; nausea; slurred speech; lack of coordination; euphoria; dizziness; drowsiness; disinhibition, lightheadedness, hallucinations/delusions; headaches; sudden sniffing death due to heart failure (from butane, propane, and other chemicals in aerosols); death from asphyxiation, suffocation, convulsions or seizures, coma, or choking. Nitrites: enlarged blood vessels, enhanced sexual pleasure, increased heart rate, brief sensation of heat and excitement, dizziness, headache.
Long-term	Liver and kidney damage; bone marrow damage; limb spasms due to nerve damage; brain damage from lack of oxygen that can cause problems with thinking, movement, vision, and hearing. Nitrites: increased risk of pneumonia.
Other Health-related Issues	Pregnancy: low birth weight, bone problems, delayed behavioral development due to brain problems, altered metabolism and body composition.
In Combination with Alcohol	Unknown.
Withdrawal Symptoms	Nausea, tremors, irritability, problems sleeping, and mood changes.
Treatment Options	
Medications	There are no FDA-approved medications to treat inhalant addiction.
Behavioral Therapies	More research is needed to find out if behavioral therapies can be used to treat inhalant addiction.

Ketamine

A dissociative drug used as an anesthetic in veterinary practice. Dissociative drugs are hallucinogens that cause the user to feel detached from reality. For more information, see the

Hallucinogens and Dissociative Drugs Research Report

Common Names	Commercial Names	Common Forms	Common Ways Taken	DEA Schedule
Cat Valium, K, Lady K, Special K, Vitamin K	*Ketalar®*, a surgical anesthetic *Spravato™* (esketamine), prescribed for treatment resistant depression used under strict medical supervision *Ketaset,* a surgical anesthesia used by veterinarians	Liquid, white powder	When misused: Injected, snorted, smoked (powder added to tobacco or marijuana cigarettes), swallowed Prescription formulas are injections or nasal sprays.	III**

Possible Health Effects	
Short-term	Problems with attention, learning, and memory; dreamlike states, hallucinations; sedation; confusion; loss of memory; raised blood pressure; unconsciousness; dangerously slowed breathing.
Long-term	Ulcers and pain in the bladder; kidney problems; stomach pain; depression; poor memory.
Other Health-related Issues	Sometimes used as a date rape drug. Risk of HIV, hepatitis, and other infectious diseases from shared needles.
In Combination with Alcohol	Increased risk of adverse effects.
Withdrawal Symptoms	Unknown.
Treatment Options	
Medications	There are no FDA-approved medications to treat addiction to ketamine or other dissociative drugs.
Behavioral Therapies	More research is needed to find out if behavioral therapies can be used to treat addiction to dissociative drugs.

Khat

Pronounced "cot," a shrub (*Catha edulis*) found in East Africa and southern Arabia; contains the psychoactive chemicals cathinone and cathine. People from African and Arabian regions (up to an estimated 20 million worldwide) have used khat for centuries as part of cultural tradition and for its stimulant-like effects.

Common Names	Commercial Names	Common Forms	Common Ways Taken	DEA Schedule
Catha, Chat, Kat, Oat	No commercial uses	Fresh or dried leaves	Chewed, brewed as tea	Cathinone is a Schedule I drug**, making khat use illegal, but the khat plant is not controlled

Possible Health Effects	
Short-term	Euphoria, increased alertness and arousal, increased blood pressure and heart rate, depression, paranoia, headaches, loss of appetite, insomnia, fine tremors, loss of short-term memory.
Long-term	Gastrointestinal disorders such as constipation, ulcers, and stomach inflammation; and increased risk of heart attack.
Other Health-related Issues	In rare cases associated with heavy use: psychotic reactions such as fear, anxiety, grandiose delusions (fantastical beliefs that one has superior qualities such as fame, power, and wealth), hallucinations, and paranoia.
In Combination with Alcohol	Unknown.
Withdrawal Symptoms	Depression, nightmares, low blood pressure, and lack of energy.
Treatment Options	
Medications	It is not known whether khat is addictive. There are no FDA-approved medications to treat addiction to khat.
Behavioral Therapies	More research is needed to find out if khat is addictive and, if so, whether behavioral therapies are effective.

Kratom

A tropical deciduous tree (*Mitragyna speciosa*) native to Southeast Asia, with leaves that contain many compounds, including mitragynine, a psychotropic (mind-altering) opioid. Kratom is consumed for mood-lifting effects and pain relief and as an aphrodisiac. For more information, see the Kratom DrugFacts.

Common Names	Commercial Names	Common Forms	Common Ways Taken	DEA Schedule
Herbal Speedball, Biak-biak, Ketum, Kahuam, Thang, Thom	None	Fresh or dried leaves, powder, liquid, gum	Chewed (whole leaves); eaten (mixed in food or brewed as tea); occasionally smoked	Not scheduled

Possible Health Effects	
Short-term	Nausea, dizziness, itching, sweating, dry mouth, constipation, increased urination, loss of appetite. Low doses: increased energy, sociability, alertness. High doses: sedation, euphoria, decreased pain.
Long-term	Anorexia, weight loss, insomnia, skin darkening, dry mouth, frequent urination, constipation. Hallucinations with long-term use at high doses in some users.
Other Health-related Issues	Unknown.
In Combination with Alcohol	Unknown.
Withdrawal Symptoms	Muscle aches, insomnia, hostility, aggression, emotional changes, runny nose, jerky movements.
Treatment Options	
Medications	No clinical trials have been conducted on medications for kratom addiction.
Behavioral Therapies	More research is needed to find out if behavioral therapies can be used to treat addiction to kratom.

LSD

A hallucinogen manufactured from lysergic acid, which is found in ergot, a fungus that grows on rye and other grains. LSD is an abbreviation of the scientific name *lysergic acid diethylamide*.

For more information, see the Hallucinogens and Dissociative Drugs Research Report

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Common Names	Commercial Names	Common Forms	Common Ways Taken	DEA Schedule
Acid, Blotter, Boomers, Cid, Golden Dragon, Looney Tunes, Lucy Mae, Microdots, Tabs, Yellow Sunshine	No commercial uses	Tablet; capsule; clear liquid; small, decorated squares of absorbent paper that liquid has been added to	Swallowed, absorbed through mouth tissues (paper squares)	I**

Possible Health Effects	
Short-term	Rapid emotional swings; distortion of a person's ability to recognize reality, think rationally, or communicate with others; raised blood pressure, heart rate, body temperature; dizziness; loss of appetite; tremors; enlarged pupils.
Long-term	Frightening flashbacks (called Hallucinogen Persisting Perception Disorder [HPPD]); ongoing visual disturbances, disorganized thinking, paranoia, and mood swings.
Other Health-related Issues	Unknown.
In Combination with Alcohol	Unknown.
Withdrawal Symptoms	Unknown.
Treatment Options	
Medications	There are no FDA-approved medications to treat addiction to LSD or other hallucinogens.
Behavioral Therapies	More research is needed to find out if behavioral therapies can be used to treat addiction to hallucinogens.

Marijuana (Cannabis)

Marijuana is made from the hemp plant, *Cannabis sativa*. The main psychoactive (mind-altering) chemical in marijuana is delta-9-tetrahydrocannabinol, or THC. For more information, see the

Marijuana Research Report

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Common Names	**Commercial Names**	**Common Forms**	**Common Ways Taken**	**DEA Schedule**
420, Blunt, Bud, Doobie, Dope, Ganja, Grass, Green, Herb, Joint, Mary Jane, Pot, Reefer, Sinsemilla, Skunk, Smoke, Stinkweed, Trees, Weed *Hashish:* Boom, Gangster, Hash, Hemp *Concentrates:* Budder, Crumble, Shatter, Wax *In food:* Edibles *Added to hollowed out cigar:* Blunt	Various brand names in states where the sale of marijuana is legal	Greenish-gray mixture of dried, shredded leaves, stems, seeds, and/or flowers; resin (hashish) or sticky, black liquid (hash oil)	Smoked, Vaped, Eaten (mixed in food or brewed as tea)	I**

Possible Health Effects	
Short-term	Enhanced sensory perception and euphoria followed by drowsiness/relaxation; slowed reaction time; problems with balance and coordination; increased heart rate and appetite; problems with learning and memory; anxiety.
Long-term	Mental health problems, chronic cough, frequent respiratory infections.

Other Health-related Issues	THC vaping products mixed with the filler Vitamin E acetate (and possibly other chemicals) has led to serious lung illnesses and deaths. Pregnancy: babies born with problems with attention, memory, and problem solving.
In Combination with Alcohol	Increased heart rate, blood pressure; further slowing of mental processing and reaction time.
Withdrawal Symptoms	Irritability, trouble sleeping, decreased appetite, anxiety.
Treatment Options	
Medications	There are no FDA-approved medications to treat marijuana addiction.
Behavioral Therapies	■ Cognitive-behavioral therapy (CBT) ■ Contingency management, or motivational incentives ■ Motivational Enhancement Therapy (MET) ■ Behavioral treatments geared to adolescents ■ Mobile medical application: reSET®

MDMA (Ecstasy/Molly)

A synthetic, psychoactive drug that has similarities to both the stimulant amphetamine and the hallucinogen mescaline. MDMA is an abbreviation of the scientific name 3,4-methylenedioxymethamphetamine. For more information, see the MDMA (Ecstasy) Abuse Research Report

Common Names	Commercial Names	Common Forms	Common Ways Taken	DEA Schedule
Adam, E, X, XTC, Beans, Candy, Ebomb, Thizz, Love Drug, Molly, Rolls, Skittles, Sweets, Vitamin E or X.	No commercial uses; is being researched as therapy for Post Traumatic Stress Disorder (PTSD) under strict medical supervision.	Colorful tablets with imprinted logos, capsules, powder, liquid	Swallowed, snorted	I**

Possible Health Effects	
Short-term	Lowered inhibition; enhanced sensory perception; increased heart rate and blood pressure; muscle tension; nausea; faintness; chills or sweating; sharp rise in body temperature leading to kidney failure or death.
Long-term	Long-lasting confusion, depression, problems with attention, memory, and sleep; increased anxiety, impulsiveness; less interest in sex.
Other Health-related Issues	Unknown.
In Combination with Alcohol	MDMA decreases some of alcohol's effects. Alcohol can increase plasma concentrations of MDMA, which may increase the risk of neurotoxic effects.
Withdrawal Symptoms	Fatigue, loss of appetite, depression, trouble concentrating.
Treatment Options	
Medications	There is conflicting evidence about whether MDMA is addictive. There are no FDA-approved medications to treat MDMA addiction.
Behavioral Therapies	More research is needed to find out if behavioral therapies can be used to treat MDMA addiction.

Mescaline (Peyote)

A hallucinogen found in disk-shaped "buttons" in the crown of several cacti, including peyote. For more information, see the Hallucinogens DrugFacts.

Common Names	Commercial Names	Common Forms	Common Ways Taken	DEA Schedule
Buttons, Cactus, Mescalito	No commercial uses	Fresh or dried buttons, capsule	Swallowed (chewed or soaked in water and drunk)	I**
Possible Health Effects				
Short-term	Enhanced perception and feeling; hallucinations; euphoria; anxiety; increased body temperature, heart rate, blood pressure; sweating; problems with movement.			
Long-term	Unknown.			
Other Health-related Issues	Unknown.			
In Combination with Alcohol	Unknown.			
Withdrawal Symptoms	Unknown.			
Treatment Options				
Medications	There are no FDA-approved medications to treat addiction to mescaline or other hallucinogens.			
Behavioral Therapies	More research is needed to find out if behavioral therapies can be used to treat addiction to hallucinogens.			

Methamphetamine

An extremely addictive stimulant amphetamine drug. For more information, see the Methamphetamine Research Report.

Common Names	Commercial Names	Common Forms	Common Ways Taken	DEA Schedule
Crank, Chalk, Crystal, Dunk, Gak, Ice, Meth, Pookie, Quartz, Rocket Fuel, Scooby Snax, Speed, Trash *With cocaine:* Croak, Shabu *With MDMA:* Hugs and Kisses, Party and Play (P&P)	*Desoxyn*® used to treat Attention Deficit Hyperactivity Disorder.	White powder or pill; crystal meth looks like pieces of glass or shiny blue-white "rocks" of different sizes	Swallowed, snorted, smoked, injected	II**

Possible Health Effects	
Short-term	Increased wakefulness and physical activity; decreased appetite; increased breathing, heart rate, blood pressure, temperature; irregular heartbeat.
Long-term	Anxiety, confusion, insomnia, mood problems, violent behavior, paranoia, hallucinations, delusions, weight loss, severe dental problems (“meth mouth”), intense itching leading to skin sores from scratching.
Other Health-related Issues	Pregnancy: premature delivery; separation of the placenta from the uterus; low birth weight; lethargy; heart and brain problems. Risk of HIV, hepatitis, and other infectious diseases from shared needles.
In Combination with Alcohol	Masks the depressant effect of alcohol, increasing risk of alcohol overdose; may increase blood pressure.
Withdrawal Symptoms	Depression, anxiety, tiredness.
Treatment Options	
Medications	There are no FDA-approved medications to treat methamphetamine addiction.
Behavioral Therapies	■ Cognitive-behavioral therapy (CBT) ■ Contingency management, or motivational incentives ■ The Matrix Model ■ 12-Step facilitation therapy ■ Mobile medical application: reSET®

Over-the-Counter Medicines--Dextromethorphan (DXM)

Psychoactive when taken in higher-than-recommended amounts. For more information, see the Over the Counter Medicines DrugFacts.

Common Names	Commercial Names	Common Forms	Common Ways Taken	DEA Schedule
Robo, Robotripping, Skittles, Triple C	Various (many brand names include "DM")	Syrup, capsule	Swallowed	Not scheduled

Possible Health Effects	
Short-term	Cough relief; euphoria; slurred speech; increased heart rate and blood pressure; dizziness; nausea; vomiting.
Long-term	Unknown.
Other Health-related Issues	Breathing problems, seizures, and increased heart rate may occur from other ingredients in cough/cold medicines.
In Combination with Alcohol	Unknown.
Withdrawal Symptoms	Unknown.
Treatment Options	
Medications	There are no FDA-approved medications to treat addiction to dextromethorphan.
Behavioral Therapies	More research is needed to find out if behavioral therapies can be used to treat addiction to dextromethorphan.

Over-the-Counter Medicines--Loperamide

An anti-diarrheal that can cause euphoria when taken in higher-than-recommended doses. For more information, see the Over the Counter Medicines DrugFacts.

Common Names	Commercial Names	Common Forms	Common Ways Taken	DEA Schedule
Lope dope	*Imodium*®, an OTC medication for diarrhea	Tablet, capsule, or liquid	Swallowed	Not scheduled

Possible Health Effects	
Short-term	Controls diarrhea symptoms. In high does, can produce euphoria. May lessen cravings and withdrawal symptoms of other drugs.
Long-term	Unknown.
Other Health-related Issues	Fainting, stomach pain, constipation, loss of consciousness, cardiovascular toxicity, pupil dilation, drowsiness, dizziness, and kidney failure from urinary retention.
In Combination with Alcohol	Unknown.
Withdrawal Symptoms	Severe anxiety, vomiting, and diarrhea.
Treatment Options	
Medications	There are no FDA-approved medications to treat loperamide addiction.
Behavioral Therapies	■ The same behavioral therapies that have helped treat addiction to heroin may be used to treat addiction to loperamide. ■ Contingency management, or motivational incentives

PCP

A dissociative drug developed as an intravenous anesthetic that has been discontinued due to serious adverse effects. Dissociative drugs are hallucinogens that cause the user to feel detached from reality. PCP is an abbreviation of the scientific name, *phencyclidine.* For more information, see the Hallucinogens and Dissociative Drugs Research Report

Common Names	Commercial Names	Common Forms	Common Ways Taken	DEA Schedule
Angel Dust, Embalming fluid, Hog, Rocket Fuel, Sherms, *Mixed with marijuana:* Zoom	No commercial uses	White or colored powder, tablet, or capsule; clear liquid	Injected, snorted, swallowed, smoked (powder added to mint, parsley, oregano, or marijuana)	I, II**

Possible Health Effects	
Short-term	Delusions, hallucinations, paranoia, problems thinking, a sense of distance from one's environment, anxiety. Low doses: slight increase in breathing rate; increased blood pressure and heart rate; shallow breathing; face redness and sweating; numbness of the hands or feet; problems with movement. High doses: nausea; vomiting; flicking up and down of the eyes; drooling; loss of balance; dizziness; violence; seizures, coma, and death.
Long-term	Memory loss, problems with speech and thinking, loss of appetite, anxiety.
Other Health-related Issues	PCP has been linked to self-injury. Risk of HIV, hepatitis, and other infectious diseases from shared needles.
In Combination with Alcohol	Unknown.
Withdrawal Symptoms	Headaches, increased appetite, sleepiness, depression.
Treatment Options	
Medications	There are no FDA-approved medications to treat addiction to PCP or other dissociative drugs.
Behavioral Therapies	More research is needed to find out if behavioral therapies can be used to treat addiction to dissociative drugs.

Prescription Opioids

Pain relievers with an origin similar to that of heroin. Opioids can cause euphoria and are often used nonmedically, leading to overdose deaths. For more information, see the Misuse of Prescription Drugs Research Report

Common Names	Commercial Names	Common Forms	Common Ways Taken	DEA Schedule
Captain Cody, Coties, Schoolboy, *With soft drinks/candy:* Lean, Sizzurp, Purple Drank *With hypnotic sedatives:* Doors & Fours, Loads, Pancakes and Syrup	Codeine (various brand names)	Tablet, capsule, liquid	Injected, swallowed (often mixed with soda and flavorings)	II, III, V**
Blonde, Blue Diamond, Snowflake, Humid, Jackpot, Murder 8, Tango and Cash, TNT *With heroin:* Birria	Fentanyl (Actiq®, Duragesic®, Sublimaze®)	Lozenge, sublingual tablet, film, buccal tablet	Injected, smoked, snorted	II**
Vikes, Veeks, Idiot Pills, Scratch, 357s, Lemonade, Bananas, Dones, Droco, Lorries, *With valium and vodka:* Triple V	Hydrocodone or dihydrocodeinone (Vicodin®, Norco®, Zohydro®, *and others*)	Capsule, liquid, tablet	Swallowed, snorted, injected	II**
D, Dillies, K4, Needle Candy,	Hydromorphone (Dilaudid®)	Liquid, suppository	Injected, rectal	II**

Demmies, Pain Killer	Meperidine (Demerol®)	Tablet, liquid	Swallowed, snorted, injected	II**
Amidone, Biscuits, Fizzies , Jungle Juice, Maria, Wafer *With MDMA:* Chocolate Chip Cookies	Methadone (Dolophine®, Methadose®)	Tablet, dispersible tablet, liquid	Swallowed, injected	II**
Dreamer, First Line, Joy Juice, Morpho, Miss Emma, Monkey, White Stuff, Mister Blue, Unkie	Morphine (*Duramorph®, MS Contin®*)	Tablet, liquid, capsule, suppository	Injected, swallowed, smoked	II, III**
30s, 40s, 512s, Oxy, Beans, Blues, Buttons, Cotton, Kickers, Killers, Percs, Roxy	Oxycodone (OxyContin®, Percodan®, Percocet®, and others)	Capsule, liquid, tablet	Swallowed, snorted, injected	II**
Biscuits, Blue Heaven, Blues, Mrs. O, O Bomb, Octagons, Stop Signs	Oxymorphone (Opana®)	Tablet	Swallowed, snorted, injected	II**

Possible Health Effects	
Short-term	Pain relief, drowsiness, nausea, constipation, euphoria, slowed breathing, death.
Long-term	Increased risk of overdose or addiction if misused.

Other Healthrelated Issues	Pregnancy: Miscarriage, low birth weight, neonatal abstinence syndrome. Older adults: higher risk of accidental misuse because many older adults have multiple prescriptions, increasing the risk of drug-drug interactions, and breakdown of drugs slows with age; also, many older adults are treated with prescription medications for pain. Risk of HIV, hepatitis, and other infectious diseases from shared needles.
In Combination with Alcohol	Dangerous slowing of heart rate and breathing leading to coma or death.
Withdrawal Symptoms	Restlessness, muscle and bone pain, insomnia, diarrhea, vomiting, cold flashes with goose bumps ("cold turkey"), leg movements.
Treatment Options	
Medications	▪ Methadone ▪ Buprenorphine ▪ Naltrexone (short- and long-acting)
Behavioral Therapies	The same behavioral therapies that have helped treat addiction to heroin are used to treat prescription opioid addiction.

Prescription Stimulants

Medications that increase alertness, attention, energy, blood pressure, heart rate, and breathing rate. For more information, see the Misuse of Prescription Drugs Research Report.

Common Names	Commercial Names	Common Forms	Common Ways Taken	DEA Schedule
Addys, Bennies, Beans, Black Beauties, Crosses, Hearts, Ivy League Drug, Pep Pills, Speed, Uppers	Amphetamine (Adderall®)	Tablet, capsule	Swallowed, snorted, smoked, injected	II**
Diet Coke, JIF, Kiddie Coke, MPH, R-Ball, R-Pop, Skippy, Study Buddies , The Smart Drug, Vitamin R	Methylphenidate (Concerta®, Ritalin®)	Liquid, tablet, chewable tablet, capsule	Swallowed, snorted, smoked, injected, chewed	II**
Possible Health Effects				
Short-term	Increased alertness, attention, energy; increased blood pressure and heart rate; narrowed blood vessels; increased blood sugar; opened-up breathing passages. High doses: dangerously high body temperature and irregular heartbeat; heart disease; seizures.			
Long-term	Heart problems, psychosis, anger, paranoia.			
Other Health-related Issues	Risk of HIV, hepatitis, and other infectious diseases from shared needles.			
In Combination with Alcohol	Masks the depressant action of alcohol, increasing risk of alcohol overdose; may increase blood pressure.			
Withdrawal Symptoms	Depression, tiredness, sleep problems.			
Treatment Options				

Medications	There are no FDA-approved medications to treat stimulant addiction.
Behavioral Therapies	■ Behavioral therapies that have helped treat addiction to cocaine or methamphetamine may be useful in treating prescription stimulant addiction. ■ Mobile medical application: reSET®

Psilocybin

A hallucinogen in certain types of mushrooms that grow in parts of South America, Mexico, and the United States. For more information, see the Hallucinogens and Dissociative Drugs Research Report.

Common Names	Commercial Names	Common Forms	Common Ways Taken	DEA Schedule
Little Smoke, Magic Mushrooms, Purple Passion, Sacred Mush, Sewage Fruit, Shrooms, Zoomers	No commercial uses; being researched as therapy for treatmentresistant depression under strict medical supervision.	Fresh or dried mushrooms with long, slender stems topped by caps with dark gills	Swallowed (eaten, brewed as tea, or added to other foods)	I**

Possible Health Effects	
Short-term	Hallucinations, altered perception of time, inability to tell fantasy from reality, panic, muscle relaxation or weakness, problems with movement, enlarged pupils, nausea, vomiting, drowsiness.
Long-term	Risk of flashbacks and memory problems.
Other Health-related Issues	Risk of poisoning if a poisonous mushroom is accidentally used.
In Combination with Alcohol	May decrease the perceived effects of alcohol.
Withdrawal Symptoms	Unknown.
Treatment Options	
Medications	It is not known whether psilocybin is addictive. There are no FDA-approved medications to treat addiction to psilocybin or other hallucinogens.
Behavioral Therapies	More research is needed to find out if psilocybin is addictive and whether behavioral therapies can be used to treat addiction to this or other hallucinogens.

Rohypnol (Flunitrazepam)

A benzodiazepine chemically similar to prescription sedatives such as Valium® and Xanax® that may be misused for its psychotropic effects. Rohypnol has been used to commit sexual assaults because of its strong sedation effects. In these cases, offenders may dissolve the drug in a person's drink without their knowledge.

Common Names	Commercial Names	Common Forms	Common Ways Taken	DEA Schedule
Circles, Date Rape Drug, Forget-Me Pill, La Rocha, Mind Eraser, Pingus, R2, Rib, *Variations of:* Roaches, Roapies, Rochas Dos, Roofies, Rope, Rophies, Rowie, Ruffies	Flunitrazepam, *Rohypnol®*	Tablet	Swallowed (as a pill or as dissolved in a drink), snorted	IV** - Rohypnol® is not approved for medical use in the United States; it is available as a prescription sleep aid in other countries

Possible Health Effects	
Short-term	Drowsiness, sedation, sleep; amnesia, blackout; decreased anxiety; muscle relaxation, impaired reaction time and motor coordination; impaired mental functioning and judgment; confusion; aggression; excitability; slurred speech; headache; slowed breathing and heart rate.
Long-term	Unknown.
Other Healthrelated Issues	Unknown.
In Combination with Alcohol	Severe sedation, unconsciousness, and slowed heart rate and breathing, which can lead to death.
Withdrawal Symptoms	Headache; muscle pain; extreme anxiety, tension, restlessness, confusion, irritability; numbness and tingling of hands or feet; hallucinations, delirium, convulsions, seizures, or shock.
Treatment Options	
Medications	There are no FDA-approved medications to treat addiction to Rohypnol® or other prescription sedatives.
Behavioral Therapies	More research is needed to find out if behavioral therapies can be used to treat addiction to Rohypnol® or other prescription sedatives.

Salvia

A dissociative drug (*Salvia divinorum*) that is an herb in the mint family native to southern Mexico . Dissociative drugs are hallucinogens that cause the user to feel detached from reality. For more information, see the Hallucinogens and Dissociative Drugs Research Report

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Common Names	**Commercial Names**	**Common Forms**	**Common Ways Taken**	**DEA Schedule**
Chia seeds, Diviner's Sage, Magic Mint, Sally-D, Ska Pastora	Sold legally in most states as *Salvia divinorum*	Fresh or dried leaves	Smoked, chewed, or brewed as tea	Not Scheduled (but labeled drug of concern by DEA and illegal in some states)
Possible Health Effects				
Short-term	Short-lived but intense hallucinations; altered visual perception, mood, body sensations; mood swings, feelings of detachment from one's body; sweating.			
Long-term	Unknown.			
Other Health-related Issues	Unknown.			
In Combination with Alcohol	Unknown.			
Withdrawal Symptoms	Unknown.			
Treatment Options				
Medications	It is not known whether salvia is addictive. There are no FDA-approved medications to treat addiction to salvia or other dissociative drugs.			
Behavioral Therapies	More research is needed to find out if salvia is addictive, but behavioral therapies can be used to treat addiction to dissociative drugs.			

Steroids (Anabolic)

Man-made substances used to treat conditions caused by low levels of steroid hormones in the body and misused to enhance athletic and sexual performance and physical appearance. For more information, see the Steroids and Other Appearance and Performance Enhancing Drugs (APEDs) Research Report.

Common Names	Commercial Names	Common Forms	Common Ways Taken	DEA Schedule
Gear, Gym Candy, Juice, Pumpers, Roids, Stacking	Nandrolone (*Oxandrin®*), oxandrolone (*Anadrol®*), oxymetholone (*Anadrol-50®*), testosterone cypionate (*Depo-testosterone®*)	Tablet, capsule, liquid drops, gel, cream, patch, injectable solution	Injected, swallowed, applied to skin	III**

Possible Health Effects	
Short-term	Builds muscles, improved athletic performance. Acne, fluid retention (especially in the hands and feet), oily skin, yellowing of the skin, infection.
Long-term	Kidney damage or failure; liver damage; high blood pressure, enlarged heart, or changes in cholesterol leading to increased risk of stroke or heart attack, even in young people; aggression; extreme mood swings; anger ("roid rage"); extreme irritability; delusions; impaired judgment.
Other Healthrelated Issues	Males: shrunken testicles, lowered sperm count, infertility, baldness, development of breasts. Females: facial hair, male-pattern baldness, enlargement of the clitoris, deepened voice. Adolescents: stunted growth. Risk of HIV, hepatitis, and other infectious diseases from shared needles.
In Combination with Alcohol	Increased risk of violent behavior.
Withdrawal Symptoms	Mood swings; tiredness; restlessness; loss of appetite; insomnia; lowered sex drive; depression, sometimes leading to suicide attempts.
Treatment Options	
Medications	Hormone therapy
Behavioral Therapies	More research is needed to find out if behavioral therapies can be used to treat steroid addiction.

Synthetic Cannabinoids

A wide variety of herbal mixtures containing man-made cannabinoid chemicals related to THC in marijuana but often much stronger and more dangerous. Sometimes misleadingly called “synthetic marijuana” and marketed as a “natural,” "safe," legal alternative to marijuana. For more information, see the Synthetic Cannabinoids DrugFacts.

Common Names	Commercial Names	Common Forms	Common Ways Taken	DEA Schedule
Black Mamba, Bliss Fake Weed, Fire, Genie, K-2, Moon Rocks, Solar Flare, Skunk, Smacked, Spice, Yucatan, Zohai	No commercial uses, but new formulations are sold under various names to attract young adults. Many formulations have been outlawed.	Dried, shredded plant material that looks like potpourri and is sometimes sold as “incense”	Smoked, swallowed (brewed as tea)	I**

Possible Health Effects	
Short-term	Increased heart rate; vomiting; agitation; confusion; hallucinations, anxiety, paranoia; increased blood pressure.
Long-term	Unknown.
Other Health-related Issues	Use of synthetic cannabinoids has led to an increase in emergency room visits in certain areas.
In Combination with Alcohol	Unknown.
Withdrawal Symptoms	Headaches, anxiety, depression, irritability.
Treatment Options	
Medications	There are no FDA-approved medications to treat K2/Spice addiction.
Behavioral Therapies	More research is needed to find out if behavioral therapies can be used to treat synthetic cannabinoid addiction.

Synthetic Cathinones (Bath Salts)

An emerging family of drugs containing one or more synthetic chemicals related to cathinone, a stimulant found naturally in the khat plant. Examples of such chemicals include mephedrone, methylone, and 3,4-methylenedioxypyrovalerone (MDPV). For more information, see the Synthetic Cathinones DrugFacts.

Common Names	Commercial Names	Common Forms	Common Ways Taken	DEA Schedule
Bath Blow, Bloom, Blue Silk, Bubbles, Cloud Nine, Cosmic Blast, Flakka, Ivory Wave, Lunar Wave, Salting, Scarface, Vanilla Sky, White Lightning, Wicked X	No commercial uses for ingested "bath salts." No relation to “Epsom salt,” sold as a bath product.	White or brown crystalline powder sold in small plastic or foil packages labeled "not for human consumption" and sometimes sold as jewelry cleaner; tablet, capsule, liquid	Swallowed, snorted, injected	I Some formulations have been banned by the DEA

Possible Health Effects	
Short-term	Increased heart rate and blood pressure; euphoria; increased sociability and sex drive; paranoia, agitation, and hallucinations; violent behavior; sweating; nausea, vomiting; insomnia; irritability; dizziness; depression; panic attacks; reduced motor control; cloudy thinking.
Long-term	Death.
Other Healthrelated Issues	Risk of HIV, hepatitis, and other infectious diseases from shared needles.
In Combination with Alcohol	Unknown.
Withdrawal Symptoms	Depression, anxiety.
Treatment Options	
Medications	There are no FDA-approved medications to treat addiction to synthetic cathinones.
Behavioral Therapies	■ Cognitive-behavioral therapy (CBT) ■ Contingency management, or motivational incentives ■ Motivational Enhancement Therapy (MET) ■ Behavioral treatments geared to teens

Tobacco and Nicotine

Tobacco is a plant grown for its leaves, which are dried and fermented before use. Tobacco contains nicotine, an addictive chemical. Nicotine is sometimes extracted from the plant and is used in vaping devices. For more information, see the Tobacco, Nicotine and E-Cigarettes Research Report.

Common Names	Commercial Names	Common Forms	Common Ways Taken	DEA Schedule
Cigarettes/Cigars: Butts, Cancer sticks, Ciggys, Cigs, Coffin nails, Smokes, Stogies, Stokes *Cigar hollowed out with marijuana added:* Blunt *Vaping:* Cig-A-Like, EHookah, E-Juice, JUULing, vape pens, mods	Multiple brand names	cigarettes, vaping devices, ecigarettes, cigars, bidis, hookahs, kreteks Smokeless tobacco: snuff, spit tobacco, chew	Smoked, snorted, chewed, vaporized	Not Scheduled

Possible Health Effects	
Short-term	Increased blood pressure, breathing, and heart rate. Exposes lungs to a variety of chemicals. Vaping also exposes lung s to metallic vapors created by heating the coils in the device.
Long-term	Greatly increased risk of cancer, especially lung cancer when smoked and oral cancers when chewed; chronic bronchitis; emphysema; heart disease; leukemia; cataracts; pneumonia.
Other Health-related Issues	*Nicotine*: in teens it can affect the development of brain circuits that control attention and learning. *Tobacco products:* Use while pregnant can lead to miscarriage, low birth weight, stillbirth, learning and behavior problems. *Vaping products*: Some are mixed with the filler Vitamin E acetate and other chemicals, leading to serious lung illnesses and deaths.
In Combination with Alcohol	Unknown.
Withdrawal Symptoms	Irritability, attention and sleep problems, depression, increased appetite.
Treatment Options	
Medications	■ Bupropion (Zyban®) ■ Varenicline (Chantix®) ■ Nicotine replacement (gum, patch, lozenge)

Behavioral Therapies	▪ Cognitive-behavioral therapy (CBT) ▪ Self-help materials ▪ Mail, phone, and internet quitting resources

** Drugs are classified into five distinct categories or schedules "depending upon the drug's acceptable medical use and the drug's abuse or dependency potential." More information and the most up-to-date scheduling information can be found on the Drug Enforcement Administration's website.
August 20, 2020[7]

[i] World Health Organization. (2018). *Health promotion* [Website]. Retrieved from www.who.int/topics/health_promotion/en

[ii] National Prevention Council. (2011). *National prevention strategy: America's plan for better health and wellness.* Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General.

[7] Commonly Used Drugs Charts | National Institute on Drug Abuse (NIDA)